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Scoping Drug and Alcohol Consumption in Young People on the Isle of Sheppey.

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Executive Summary

Scoping Drug and Alcohol Consumption in Young People on the Isle of Sheppey.- an interim report

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Introduction

In 2008 the Sheppey Health and Wellbeing Group (SHWG) raised awareness of the need for a project on the Isle of Sheppey with a focus upon drug and alcohol abuse. The SHWG is a network of over 20 local community groups and partners involved in various local public health initiatives. The group had been concerned for some time by regular reports of drugs and alcohol abuse in Sheerness, often leading to fights and other anti-social behaviour.
The University of Greenwich was identified as a suitable partner to gather data about local needs. The members of the SHWG agreed that Sheppey Matters was best placed to work with the University on this project, funding was obtained from the HEFCE funded SECC initiative and a community researcher was employed to bridge the gap between the University of Greenwich and the Isle of Sheppey. The project was overseen by a steering group of individuals from the Isle of Sheppey and University of Greenwich. The members who were Sheppey–based were as followed: Councillor Kenneth Pugh- Chair (Member Sheerness District), Mike Brown (Chair of the Sheppey Health and Wellbeing Group), Nigel Martin (Manager- Sheppey Matters) and Kelly Barshell (Community Researcher). The following individuals from the University of Greenwich were on the Committee; Professor Elizabeth Meerabeau (Dean of School, Health and Social Care), Professor Elizabeth West (Director of Research, School of Health and Social Care), Professor Roslyn Corney (Psychology and Counselling) and Dr John Foster- (Principal Research Fellow in Mental Health Nursing and Substance Use.)
In addition to collecting data about local needs the project team have to date developed two pilot projects; firstly a survey of drug and alcohol use in young people attending Sheppey Academy aged 14-18 and secondly a residents survey investigating the impact of drug and alcohol use in young people on the island. The aim is to leave a legacy of research skills that would, in the long run, benefit the island's young people. Local volunteers were recruited to assist the community researcher who commenced employment in March 2010. These volunteers have received training/supervision from researchers from the University and were able to attend 2 one day public health workshops. Health professionals and workers from the third sector attended the public health workshops on social marketing and community engagement that contributed to the legacy of the project.

Methodology

This has primarily been a scoping exercise to explore drug and alcohol use in young people, though substance use data relating to adult populations has also been collected. The five main modes of data collection were as follows:

- Publically available health and crime and datasets, such as hospital admission data. Similar locally focused crime-related data has proved far harder to obtain.
- Survey of young people from Sheppey Academy
- Residents survey conducted via the internet
- Focus Groups of Young People
- Stakeholder interviews with a member of the local primary care trust, street wardens, senior member of staff from Sheppey Academy, workers from local voluntary and statutory sector local drug and alcohol treatment services and commissioner of drug and alcohol services.

Ethical approval was granted for the study by the University of Greenwich Research Ethics Committee in April 2010.

Key Findings:

Publicly Available Data

- Notwithstanding some data collection anomalies alcohol-related hospital admissions for the Isle of Sheppey are disproportionate compared to the rest of Swale and Kent.
- This is particularly marked for women.
- No data has so far been located that would allow us to conclusively attribute anti-social behaviour to alcohol or drug use.
- Hard data about drugs use and criminality on the island has been very difficult to locate.

Survey of Young People

- 400 students from Sheppey Academy aged 13-19 (14.8, 0.9, Mean, SD) (males 168 (42%), females 232 (58%) replied to a survey on drug and alcohol use.
- The vast majority were occasional alcohol users who other than being sick caused or encountered very few problems when drinking.
- The police were active on the island and it was common for young people to have contact with them.
- Less than five percent had any form of medical treatment as a result of their drinking.
- Only 13% of the sample had ever used an illicit drug.
- Cannabis was the most frequent illicit drug taken and this was only on an occasional basis

Residents Survey conducted via the internet

- 109 responses were received and other than Leysdown all areas of the island provided responses consistent with their population levels.
- The majority of respondent were 20-30 and 65+
- There was drug and alcohol related anti-social behaviour and drug dealing but it was at the same level of concern as “rubbish or litter” and “people not treating other people with respect and consideration.”

Focus Groups of Young People

- Two mixed gender focus groups. Group a) students aged 16-17 from Sheppey Academy. Group b) aged 15-16 and recruited through the Sheppey Healthy Living Centre.
- The participants confirmed the findings of the young people’s survey.
- A number had alcohol confiscated by the anti-social behaviour vehicle but would have also welcomed having their parents informed
- Alcohol was easy to obtain chiefly from off-licenses rather than pubs or supermarkets.
- Alcohol was frequently obtained through parents, older siblings and older friends
- Alcohol and Drug Education classes delivered in their schools were regarded as having minimal impact. A number could not remember whether they received them or not.
- The main reason the participants drank was boredom
- Drug use in the focus group participants was minimal and infrequent.
- The participants would have welcomed greater activities such as sports or a night clubs.
- One of the main problems impacting upon them was poor public transport- especially buses to the more remote parts of the island which are infrequent and stop at 7.30pm.

Stakeholder Interviews

- Anti-social behaviour is not spread evenly across the island, but is concentrated around beaches and parks as follows: *Warden*:- area near Donkey Hill, *Queenborough;* Stanley Avenue, *Rushenden:* Manor Road, *Halfway* Area around car park. *Minster:* Lapwing Close, Harps Estate, Noreen Avenue, Bunnybank, The Glen, Redrow Estate, Appleford Drive, The Broadway, The Leas, Queens Road and behind the supermarket car park and finally *Sheerness:* Vincent Court, Edenbridge Drive, Beach Front, Beachfield Park, Barton Points, Marine Town, the canal, the town centre, St. Georges Avenue, the railway station and various alleyways in and around the Alma Road area.
- Anti-social behaviour worsens in the summer months
- Drug and alcohol use in young people on the island is largely seen as being consistent with the rest of Kent and the rest of England, though there are a small number who are encountering significant alcohol and drug–related problems.
- Alcohol and drug use on the island has to be seen within the context of deprivation, isolation and perceived lack of opportunity
- The main drug of choice for young people on the island is alcohol
- In relation to illicit drugs in young people, cannabis use is the most prevalent followed by Ecstasy and legal highs such as mephedrone*
- Problematic illicit drug use requiring treatment intervention tends to be uncommon and spread across a number of generations.
- There is a perception that drug problems and drug dealing have reduced since the closure of a nightclub in Sheerness in 2004.

Role of Volunteers/Public Health Workshops

One of the first tasks of the community researcher was to recruit volunteers to assist in delivering the proposed pilot studies. Prior to the advertisement being placed the project was publicised in the local press and radio. Potential volunteers were subject to a criminal records check, a process that took approximately three months so volunteers were not able to take an active role in the project until May/June 2010. Originally five volunteers were recruited, two found employment in the interim, one did not attend any meetings after initially expressing an interest and two took an active role in the study.
In July 2010 a Social Marketing workshop, facilitated by two external consultants, was held at University of Greenwich Medway Campus. It was attended by thirty people including the two volunteers. The majority of the participants were professionals/volunteers with an interest in drug/alcohol use/young people who lived or worked on the island. Thus although the numbers were small a great deal of goodwill was developed that could be utilised to drive the project forward. Another workshop was held concerning enhancing community engagement in December 2010. It was a one day workshop held on two days attended by voluntary and statutory workers from the island and mainland Swale. Six individuals attended on day 1 and eight on day 2. This coincided with very cold weather so attendance was disappointing, however the courses were both positively evaluated by the participants.

Establishing a legacy for the project

The project team are taking a number of steps to ensure a permanent legacy for the project.

- A DVD aimed at the public health community has been made using a production company employed by Sheppey Matters celebrating the project and summarising the main findings. Key personnel from both Sheppey Matters and the University of Greenwich have been filmed in addition to young people on the island. The final result is also available in a series

of pod/video casts that will be uploaded on to the web sites of Centre for Nursing and Health Care Research – University of Greenwich http://www.gre.ac.uk/schools/health/research/cnhr and Sheerness Healthy Living Centre. http://www.sheppeyhlc.org.uk

- On May 27th a dissemination event for the project was held to celebrate the work and establish local goodwill to push it forward. Key local stakeholders were invited to hear the main findings being presented with ideas about providing permanent initiatives to improve health of both young people and adults on the island.
- The legacy is concerned with taking steps to reduce overall drug and alcohol use on the island. The first of these concerns drug and alcohol education for young people. The focus groups confirmed that alcohol/drug education was not highly regarded by the young people. There is now a large evidence base that finds that if drug/alcohol education is to have a positive impact it has to be appropriate for age of the audience and re-inforced throughout the school career. The University of Greenwich will work to secure funding for a worker to deliver the education in an evidence based way using established templates and train teachers/youth workers etc to continue this work once the project has ended. As part of the project the work will be evaluated.
- The SOS bus is a public health initiative that has been funded in part by Medway PCT and evaluated by a team from the University of Greenwich. It delivers public health interventions such as screening for diabetes and providing advice re sexual health etc and the intention now is for this bus to be used in a similar way on Sheppey. If funding can be found for this it will be particularly important in reaching the more remote parts of the island.
- Data from the study has shown that many young people come into frequent contact with the police and in some cases a greater police presence would be welcomed. It is also important to note that the culture surrounding young people's drug and alcohol use is constantly evolving-social networking packages such as facebook and twitter may produce fresh challenges for the police. The research team are now working with Councillor Kenneth Pugh to negotiate a formal advisory role with the police on the island.

* Mephedrone was legal at the time of the interviews. It has since been banned-see http://news.bbc.co.uk/1/hi/uk/8623958.stm

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Introduction

In 2008 the Sheppey Health and Wellbeing Group (SHWG) raised awareness of the need for a project on the Isle of Sheppey with a focus upon drug and alcohol abuse. The SHWG is a network of over 20 local community groups and partners involved in various local public health initiatives. The group has been concerned for some time by regular reports of drugs and alcohol abuse in Sheerness, often leading to fights and other anti-social behaviour.

Discussions with representatives from the PCT and other partners highlighted that official data on the extent of the problem showed that Sheppey did not show that the Isle of Sheppey had a serious problem when compared to other local areas. Along-side this it was unclear which public health interventions would be effective on the island. These discoveries meant that obtaining funding from the PCT would be very difficult. Research was needed in order to show the scale of the problem, assess what interventions are already in place and by drawing upon the evidence base assess the type of interventions that could be beneficial.

The University of Greenwich was identified as a suitable partner to help run an action research project to provide reliable data about local needs and to assist local partners with the evaluation of a number of targeted pilot initiatives. The members of the SHWG agreed that Sheppey Matters was best placed to work with the University on this project and a community researcher has been employed. The aim and ideas behind employing a community researcher was to bridge the gap between the academic institution and the Isle of Sheppey.

The project targets the whole community living on the Isle of Sheppey, particularly in Sheerness however work in outlying areas of the Island is seen to be essential. Sheerness is divided into two council wards, East and West both of which sit in the worst 10 percent indices of multiple deprivation in Kent. There is also evidence of serious drug and alcohol issues in Sheerness, Warden Bay, Rushenden and Minster.

Aims

The project has a number of aims and goals. The first is initial research to establish the extent of drug and alcohol misuse, particularly among the young, the types of substances involved, and the perception of the difficulties presented by young people's alcohol and drug use in the wider community. The research methods used to gather information included questionnaires, focus groups, observations, participative events and interviews. A literature review was also conducted focusing on drug and alcohol abuse and examining evaluated interventions in order to test how they can be applied in the local area.

In addition to the above with the help and support of members of SHWG, other community groups and local stakeholders a range of possible solutions were identified. Two targeted pilot projects for children/young people and residents on the island were conducted. These projects will be carried out with the assistance of volunteers and community groups. The pilot projects are as follows:

- Survey of pupils in year 10 and above who attend the only secondary school on the Island. This is potentially over 1000 pupils, (including sixth formers) with questions

focusing on the extent and consequences encountered as a result of their drug and alcohol use.

- A paper based survey of local residents focusing upon perceptions of drug and alcohol use in their area. This survey is designed with the assistance of project volunteers. The local media will be utilized to highlight the questionnaire in order to increase the response rate. These surveys will be placed within local businesses and services, in addition to being distributed through an internet search engine such as survey gizmo

These initiatives will all be delivered by Sheppey Matters, working with SHWG, with support from the Community Researcher, volunteers and other partners. Over the course of the project the University of Greenwich organised two Public Health Workshops on topics that are relevant to the project, and also contributed towards supervising the volunteers in running the community-based initiatives. These workshops will be conducted by outside experts who will bring new knowledge to the project and will be made available to the staff of Sheppey Matters and the School of Health and Social Care as well as the volunteers on the project and local public health professionals with an aim of developing a deeper understanding of how effective the interventions are and how well they fit into the community and other services.

A final stakeholder event was held to promote dissemination of the findings. This celebration of the project was forward looking, focusing on sustainability, what needs to be done in future and how this will be achieved. It was attended by a number of stakeholders who will be important in taking the legacy forward; these included senior public health personnel from Kent County Council and East Kent Coastal Primary Care Trust and key individuals from Sheppey Academy and the local police.

Drug and alcohol use by young people- Summary of Current Trends

The proportion of young people who drink in England is falling (from 28% in 2001 to 21% in 2006) (Department for Children, Schools and Families, 2008). However, average weekly consumption among those who *do* drink has increased which is causing concern for the Government. The number of units consumed by young people has doubled between 1990 and 2000 and has remained at the same level since. (Department for Children, Schools and Families, 2008)

The Government acknowledged that efforts to stop to underage drinking were not working effectively. Despite campaigns, 15% of under 18's brought their alcohol from off-licences and 6% from a pub in 2008 (Fuller, 2009; Department for Children, Schools and Families, 2008). While this is a concern in itself the increasing trend is for most alcohol consumed by young people is obtained from their homes, with or without the consent of parents. (Department for Children, Schools and Families, 2008). The Government has taken a strong stance to tackle those problems by working with parents, schools, health services and the police.

Young people who misuse alcohol are also more likely to take other drugs. Like alcohol there has been an overall decrease in drug use reported by 11 to 15 year olds since 2001. Lifetime drug use fell from 29% in 2001 to 22%in 2008. By the age of 15, 58% will have been offered drugs, but only 24% will have ever taken them (Department for Children, Schools and Families, 2008). Tackling illegal drug use has long been a focus of government policy (Fuller, 2009).

Risk Factors for Drug and Alcohol Use/Misuse in Young People

There is no single factor that causes an individual to misuse drugs or alcohol, instead it is a number of factors which contribute to the decision to use alcohol or drugs. The more risk factors there are, the greater the likelihood of substance misuse (Newcomb *et al*., 1986). Many of these risk factors are social influences which have a strong impact upon a young person (Perry et al., 2002) These factors include:

Family

- Poor parental discipline
- Family conflict
- Family history of misuse
- Parental involvement / attitudes condoning substance use
- Parental monitoring/supervision
-
- Low socio economic status

School

- Low achievement
- Aggressive behaviour
- Poor engagement
- Lack of commitment
- School disorganisation

Community

- Community disorganisation
- Availability of drugs and alcohol
- Disadvantaged
- High population turnover
- lack of neighbourhood attachment

Individuals, friends and peers

- Lack of social commitment
- Attitudes that condone problem behaviour
- Early involvement in problem behaviour
- Peer involvement in misuse (Beniart et al 2002; Dillon et al., 2007; KDAAT, 2009; Perry et al., 2002).

As well as risk factors, protective factors need to be considered. Protective factors play a part in moderating risk and reducing overall consumption levels They enhance the resiliency of the individual and provide greater coping strategies (Dillon et al., 2007). Some protective factors include:

- Strong bonds with family, friends and teachers
- Healthy standards set by parents, teachers and community leaders
- Enjoyment of school
- Opportunities for involvement in families, schools and the community
- Social and learning skills to enable participation
- Recognition and praise for positive behaviour (KDAAT, 2009)

Understanding how these factors influence behaviour has helped broaden prevention which focuses on the personality of young people to include and consider the social worlds of family and peer groups, community and societal environment, and changes in community norms and drug availability (Perry et al.,1993; Wagenaar and Perry, 1994; Komro et al,1997).

Research Relating to Community Action and Mobilisation

'Traditional' interventions in communities such as, media campaigning, alcohol services and education in schools have been argued by some to either not work or have a minimal lasting effect (Mistral et al 2006; Holder 2000). Since the 1980's there has been a growing interest in community-based interventions to reduce substance misuse. Community based projects hold the view that effective prevention programmes need to address the community as a whole and look at the influences in place that cause people to use alcohol and other drugs (Billings, 2009). Many such programs are defined as multi-component. Multi-component programmes identify problems at the local level where projects whose aims are to address the problems run together. This leads to the identification, mobilisation and co-ordination of appropriate agencies, stakeholders and local community. Thus enabling the whole community to be targeted instead of the individual (Thom & Bayley, 2007).

This project is based upon the principles of Holders work. Alcohol and other drug use is part of routine community life and must be considered in the context of the community, which is a dynamic and self-adapting system (Holder, 2002). It changes as people move in and out of the community; alcohol marketing changes; and as social and economic conditions change. A single prevention programme cannot adapt to such changes, if the system itself is not changed (Holder, 2000; Mistral et al 2006). The community systems approach, developed by Holder (1998) targets the community, which shares social, cultural, political and economic systems, and alters these systems in order to produce behaviour change (Holder, 2002). At risk groups or individuals need not be identified nor does it strictly need their cooperation. Attention is instead paid towards local policy makers who can influence the community. From there local policy can be used to change community structures to reduce problematic behaviour.

The community systems approach is loosely defined as:

(1) addressing a wide range of problem behaviours;
(2) surveying the entire population; and

(3) suggesting interventions that would affect the behavioural environment and promote the decision-making (Holder 1998).

The community is a complex system made of a number of subsystems that influences alcohol use and contributes to alcohol related problems. Holder suggests five subsystems that impact on consumption:
• retail sales (alcohol availability and promotion)
• formal regulation and control (rules, administration and enforcement)
• social norms (community values and social influences that affect drinking)
• legal sanctions (prohibited uses of alcohol)
• social, economic and health consequences (community identification of, and organised responses to, alcohol problems (Holder 1998).

Thus, rather than attempting to reduce alcohol related problems through the education and treatment of problem drinkers, efforts may be directed toward affecting policy makers in positions to produce change in the structure of the drinking environment and thus change drinking behaviour (Holder, 2000).

Unfortunately, despite growing use and enthusiasm for this method or similar approaches, only recently have there been systematic attempts to evaluate such efforts (Holder and Treno., 1997). For example the Alcohol Education and Research Council helped fund three community alcohol harm reduction projects, which have become known as the UK Community Alcohol Prevention Programme (UKCAPP) (Mistral et al, 2006). This has been influenced by the community prevention approach recommended by Holder and will be described in greater depth shortly.

Media Advocacy and Social Marketing

Billings (2009) stresses that engagement of the community as a whole and delivery of interventions over an extended period of time is needed to prevent young people commencing drinking. Several studies have found community mobilizing efforts to be effective in reducing teenage access to alcohol, this is vital to ensure long lasting effects of school and family based work (Wagenaar and Perry, 1994). Holmila (1997) argues that involvement of the local people in both the design and implementation of a project has to be meaningful. One problem with community action is that it often assumes that the community is homogeneous with agreed goals and shared values. These assumptions usually steer mobilisation towards gaining the support and involvement of all members, or towards identifying leaders and groups already concerned with the 'problem'. To achieve mobilisation and success, members of the community need to be given information and encouragement rather than have it led by those outside the community. Long term change needs local people to be encouraged to take ownership (Thom and Bayley 2007).

The aims for community mobilisation are different from project to project, for example the Community Trials Project, used mobilisation as a means of supporting other strategies (Treno and Holder, 1997), whilst the Swedish Kirseberg Project, identified community mobilisation as a goal for action, helping to ‘empower’ communities (Hanson *et al.*, 2000).

In order to build a working partnership with local groups and individuals the local media can be used to help influence, alter perceptions and mobilize the community (Holder, 2000; Mistral et al 2006). The use of the media in alcohol/drug use prevention has been effective in many cases in increasing public awareness, however it often fails to change behaviour in any significant way when it is used as a stand-alone intervention (Holder and Treno, 1997*).*

The mass media was traditionally used in health interventions by using the paid services that the media offers, e.g. public service announcements and billboards. These are professionally developed with a pre-defined campaign life where effects are often quickly lost unless reinforced. Media advocacy, on the other hand, is the larger use of the news to bring attention to a local

alcohol or drug problem. This includes identifying the various options available in response to the problem and eventually to bring about change. This is seen to be a creative approach which captures the attention of the local community (Holder 2002). Once initial training has been given media advocacy can be maintained by trained volunteers. It has also been argued that local news is more effective when the exposure is high and is usually seen to be more credible than a paid advertisement and thus have a larger effect on smaller communities (Holder & Treno, 1997).

In order for the media to have an influence on the public it must be able to do a number of things.
(1) the public must have experienced what has happened personally.
(2) the target audience must have some sense of self-efficacy.

Events that feature in the news are perceived to be more important by the public than those that haven't been reported, thus perceptions are shaped by news coverage (Holder & Treno 1997). Media advocacy facilitates greater use of the media by providing activities and events that can appear in local media coverage (Holder & Treno, 1997). This project has used the local media at times and comments will be made concerning the effectiveness of doing so, though it should be noted these comments are impressionistic rather than the result of evaluation.

Examples of Community Action Projects

The Community Trials Project

The Community Trials Project was a five year project which tested a five-component community intervention. Its aims were to reduce alcohol-related harm through the use of a series of interventions (Holder, 2000). Three communities were chosen in California and South Carolina, which were compared to three similar control communities. The populations in each community were approximately 100,000, with a range of racial and ethnic diversity as well as a mixture of urban, suburban, and rural settings. The communities chosen didn't have high or above-average problems with alcohol (Holder, 2000).

Each activity or component had its own goals and objectives, but the overall aim was to get them to work together to achieve maximum effect (Holder, 2000). The five components were:

(1) Community mobilization: develop community organization and support for the goals of the project as well as develop public awareness. The local media were vital for this component as well as raising awareness for other components and activities.

(2) Responsible Beverage Service: reduce service to intoxicated individuals.

(3) Underage Social Access to Alcohol: reduce underage access to alcohol;

(4) Drinking and Driving: increase local enforcement of laws against drink driving. This also includes altering perceptions concerning the risk of arrest for drink driving;

(5) Access: reduce availability of alcohol by affecting the number, location, and concentration of alcohol outlets.

The results of the project were largely positive, with a 6% reduction of crashes where the driver had been drinking; assault injuries in A&E reduced by 43% and self-reports of driving when over the legal limit fell by 51%. However, the drinking population increased slightly. Despite this the reduction of overall problematic alcohol use was significant (Holder et al. 2000; Holder 2006).

Holder (2000) sees the success of the Community Trial as depending heavily on the ability of the communities to mobilise key organizations (e.g., schools, health care agencies) to support and promote the goals of the project. This must be reinforced by the local media who influenced public opinion. The Community Trials Project used mass media to re-establish the public agenda, to increase public concern about the risks, and to increase support (Holder & Treno, 1997). News coverage can stimulate local policy in two ways: stimulate changes in policies by community opinion leaders and indirectly increase community concern and awareness of alcohol problems and policies. Both were used in the Community Trials Project (Holder and Treno, 1997).

Communities Mobilising for Change Project

"Communities Mobilising for Change" was a community-based project which aimed to change the cultural norms in order to reduce tolerance to underage drinking (Wagenaar et al. 2002). There were often conflicting views about the importance of underage drinking compared to other issues within the community. The communities were perceived as safe and had few alcohol problems (Wagenaar et al 2002).

Unlike some models, the strategy teams did not always solely consist of

professionals, they included various influential individuals with different connections to the community. Resident supporters assisted by attending campaign events and communicating with public officials (Wagenaar et al 2002).

Each community was assisted by a local coordinator, and each community developed their own approach to reduce under age availability of alcohol thus the project saw various prevention activities across communities (Holder, 2006). Changes and increased public awareness activities included:

- Development and implementation of a report form for traders to record and report to police underage purchase attempts.
- Changes in drinking policies at major community events.
- Leaflets to young people and parents highlighting summertime drinking and drinking at parties. This was distributed by police officers, schools and the local newspaper.
- Videos about alcohol use by underage people, which were broadcast on a local TV station
- Team members writing columns for local newspapers
- Opening youth centres (Wagenaar, 2002).

At the end of the project there was a visible change in the selling and serving practices of bars and restaurants in the communities (Wagenaar et al 2002). Alcohol sales to young people saw a reduction of 10.2% in restaurants and bars and 4.57% for liquor shops. Results showed that the community intervention significantly affected the behaviour of 18-20 year-olds. A telephone survey showed that 18-20 year old young people in the intervention communities were less likely to consume alcohol and less likely to provide it to others, however the intervention did not affect younger adolescents (Wagenaar 2002).

Lessons to consider

While there are more research resources devoted to the prevention of drug and alcohol misuse in young people there are limits as to how far the current literature can be applied to Kent (KDAAT, 2009). There have been efforts in recent years within the UK to expand upon findings from the USA, where most of the studies of this nature have been conducted. In 2003-04 the Alcohol Education and Research Council highlighted community action to reduce alcohol-related harm as an important area to focus upon. It part-funded three projects in Glasgow, Cardiff and Birmingham and these became known as the UK Community Alcohol Prevention Programme (UKCAPP). The projects were influenced by the approach by Holder's model (Mistral et al 2007). The findings were promising and found that such an approach encouraged partnership working and the authors called for an extension of such projects with the rider that they were evaluated.

Overall Conclusion from the Collective Research

Successful' interventions include:

- scoping of the problem
- having different levels of action eg. Media coverage, parental information giving, education
- Frequent evaluations
- peer-led activities
- Local leadership to design, implement and support new initiatives
- Communication with the entire community via local newspapers, radio and television
- Involvement of the whole community including young people in decision making

- Having the support of the community
- Giving alternatives to young people so they can socialise without drinking

(Billings, 2009; Holder and Treno, 1997; Holder, 2006; Perry et al., 2002)

Drug and Alcohol Use amongst Young People and Adults in Swale- Publicly Available Data

Alcohol misuse has been highlighted as a priority by the Swale Community Safety Partnership. The emphasis is on reducing the impact of alcohol on individuals and the community, with a focus upon underage drinking and drunken behaviour. (Swale Community Partnership, 2009). Swale has seen a reduction in Class A drug offences but this has been accompanied by an increase in drunken behaviour. There has also been a reduction in the percentage of people who think that people using or dealing drugs in their local area was a problem (Swale Community Safety Partnership, 2009).

Kent County Council undertakes an annual Children and Young People of Kent survey, which surveys pupils aged between 11 and 19: According to 2009 figures

- 16.8% drink alcohol at least once a week (this is a decrease from 17.9% in 2007)
- 8.9% get drunk at least once a week (KDAAT, 2009)

The North West Public Health Observatory (NHPHO) has produced a local alcohol profile (LAP) for each area local borough in England. The LAP for Swale is produced in figure 1. It shows that Swale has better than average alcohol outcomes compared to the rest of England except for "mortality from land transport accidents."

Figure 1: Profile of Alcohol Related –Harm- Swale (LAP): Data from South Eastern and Coastal Kent.

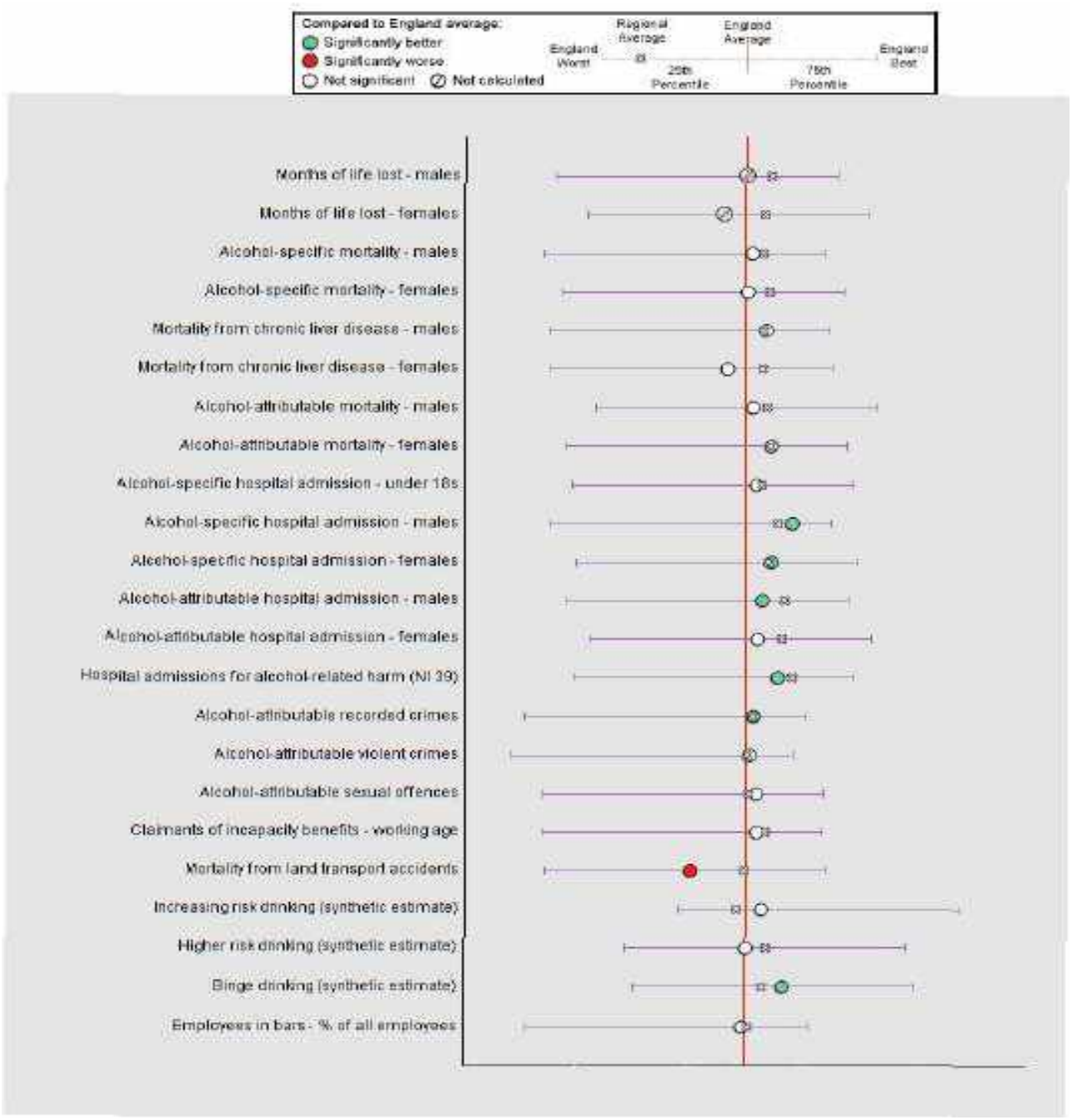

Compared to England average:
Significantly better
Significantly worse
Not significant
Not calculated
England Worst
Regional Average
England Average
England Best
25th Percentile
75th Percentile
Months of life lost - males
Months of life lost - females
Alcohol-specific mortality - males
Alcohol-specific mortality - females
Mortality from chronic liver disease - males
Mortality from chronic liver disease - females
Alcohol-attributable mortality - males
Alcohol-attributable mortality - females
Alcohol-specific hospital admission - under 18s
Alcohol-specific hospital admission - males
Alcohol-specific hospital admission - females
Alcohol-attributable hospital admission - males
Alcohol-attributable hospital admission - females
Hospital admissions for alcohol-related harm (NI 39)
Alcohol-attributable recorded crimes
Alcohol-attributable violent crimes
Alcohol-attributable sexual offences
Claimants of incapacity benefits - working age
Mortality from land transport accidents
Increasing risk drinking (synthetic estimate)
Higher risk drinking (synthetic estimate)
Binge drinking (synthetic estimate)
Employees in bars - % of all employees

Table 1 presents data from East and Coastal Kent PCT that was originally modelled by the NWPHO. Higher figures for both national and local data sets indicate greater alcohol-related problems compared to the rest of England/Kent respectively. If 200 is taken as the cut-off point for a high level of alcohol related problems, then Swale is noteworthy for “mortality from land accidents”, “months of female life lost”, “mortality from chronic liver disease (female)” and “high risk drinking”, clearly drinking in women on Swale merits further investigation. The areas of concern from the local indicators are the number of adult alcohol related hospital admissions (both male and female) and alcohol related hospital admissions for under18s.

Table 1: Alcohol Related Indicators for Swale Compared to the rest of England and Kent

ID	Indicator	Measure	National Rank	Regional Average
1	Months of life lost - males	9.3	196	7.7
2	Months of life lost - female	5	256	3.6
3	Alcohol specific mortality - males	11.9	185	10.1
4	Alcohol specific mortality - females	6	195	4.6
5	Mortality from chronic liver disease - males	10.5	127	11
6	Mortality from chronic liver disease - females	8.7	243	5.8
7	Alcohol-attributable mortality - males	35	163	31
8	Alcohol-attributable mortality - females	12.5	110	12.6
9	Alcohol-specific hospital admission - under 18s	57.7	174	54.4
10	Alcohol-specific hospital admission - males	240.2	88	288.8
11	Alcohol-specific hospital admission - females	147.9	125	153.9
12	Alcohol-attributable hospital admission - males	1199.1	175	1071.8
13	Alcohol-attributable hospital admission - females	690.1	174	608.6
14	Hospital admissions for alcohol-related harm	1341.8	132	1239.1
15	Alcohol-attributable recorded crimes	7.3	190	7.4
16	Alcohol-attributable violent crimes	5.5	197	5.7
17	Alcohol-attributable sexual offences	0.1	165	0.1
18	Claimants of incapacity benefits - working age	100	192	86.9
19	Mortality from land transport accidents	2.9	281	1.7
20	Increasing risk drinking (synthetic estimate)	18.6	88	21
21	Higher risk drinking (synthetic estimate)	5	216	4.3
22	Binge drinking (synthetic estimate)	15.6	52	18.1
23	Employees in bars - % of all employees	2	146	1.9

Alcohol specific
Conditions that are wholly related to alcohol (e.g. alcoholic liver disease or alcohol overdose).

Alcohol attributable
Alcohol-specific conditions plus conditions that are caused by alcohol in some, but not all, cases (e.g. stomach cancer and unintentional injury).

Further definitions relating to table one can be found in appendix 1.

Table 2 shows percentage of young people getting drunk at least once or twice a week across Kent. Swale urban and rural areas both show a fall from 2006/07-2007/08, this is particularly marked in the rural area which will largely encompass the Isle of Sheppey. This fall is consistent with most of Kent with the notable exceptions of Thanet, Shepway and Tonbridge.

Table 2: Percentage of young people getting drunk at least once or twice a week

LCSP	2006/07	2007/08
Ashford 1	8.0	7.4
Ashford Rural	9.0	7.4
Canterbury City & Country	9.0	4.7
Canterbury Coastal	9.0	6.8
Cranbrook and Paddock Wood	5.0	5.0
Dartford East	10.0	6.0
Dartford West	6.0	6.9
Deal and Sandwich	11.0	11.7
Dover	13.0	10.9
Gravesham	8.0	6.8
Maidstone 1	7.0	6.3
Maidstone 2	9.0	7.2
Malling	11.0	6.0
Sevenoaks South	7.0	7.5
Shepway 1	7.0	8.9
Shepway Rural	7.0	8.7
Swale Rural	12.0	9.1
Swale Urban	6.0	5.4
Swanley & District	9.0	7.0
Thanet 1	6.0	13.1
Thanet 2	10.0	10.6
Tonbridge	5.0	10.6
Tunbridge Wells	11.0	7.9
Kent (School based)	**10.0**	**8.9**

Data from Children and Young People of Kent Survey (KDAAT, 2009)

Tables 3 a-f shows the results of the National Federation for Educational Research (Kent Secondary school survey (young men and women aged 11-19). Table a) suggests that young people in Rural Swale (i.e. the Isle of Sheppey) are drinking marginally less than those from the rest of Kent. They also are less likely to get drunk (table 3b). Table 3c suggests that they have adequate information about drugs and alcohol and the trend is very similar to the rest of Kent. They are marginally more likely than others surveyed in the rest of Kent to feel unsafe as a result of people drinking or being drunk and there is a slightly larger trend in the same direction in relation to people on drugs. Finally they appear to be marginally more risk averse than the rest of Kent in relation to the variable “getting drunk can be dangerous.”

Tables 3: Percentage of young people responding in Swale Rural compared to Kent wide in the Children and Young People of Kent Survey (Secondary schools) 2009 (NFER, 2010)

a) How often, if ever, do you?		Swale Rural	Kent
Drink Alcohol	Most days	3	3
	1 or 2 times a week	7	10
	1 or 2 times a month	20	21
	1 or 2 times a year	26	21
	Never	44	45

b) How often, if ever, do you?		Swale Rural	Kent
Get Drunk	Most days	1	2
	1 or 2 times a week	3	5
	1 or 2 times a month	12	13
	1 or 2 times a year	15	13
	Never	69	67

c) Do you get enough information about?		Swale Rural	Kent
Get enough information on the effects of alcohol/drugs	Yes	75	74
	No	9	12
	Don't need it	15	14

d) In the past year, how often have the following things made you feel unsafe where you live?		Swale Rural	Kent
People drinking/being drunk	Most of the time	17	17
	Sometimes	27	25
	Not very often	30	30
	Never	26	27

e) In the past year, how often have the following things made you feel unsafe where you live?		Swale Rural	Kent
People on Drugs	Most of the time	26	22
	Sometimes	21	20
	Not very Often	21	22
	Never	32	34

f) Getting drunk can be dangerous	Swale Rural	Kent
Strongly Agree	48	45
Agree	39	39
Not Sure	7	8
Disagree	2	3
Strongly Disagree	2	2

Data from National Federation for Educational Research (2009)

Alcohol Specific Hospital Admissions

Hospital Episode Statistics for 2005/06, 20067/07 and 2007/08 show that rates of alcohol specific hospital admissions for under 18s vary between the twelve districts in Kent.

Inpatient admissions provide data that is likely to provide information about chronic alcohol use whereas accident and emergency activity would provide more data relating to "binge drinking." Unfortunately as the A&E codes do not relate to alcohol it is virtually impossible to quantify the number of alcohol-related A&E admissions with any confidence. Following information provide by Eastern and Coastal Kent PCT there are reasons to treat some of the hospital admissions data with caution. There are some anomalies concerning the data collection methods however these are consistent throughout the data set- i.e. trends within Swale/Sheppey are likely to be robust as the inconsistencies will relate to all data collected relating to Swale. The alcohol-related data is likely to be an under-reporting of the situation on the ground as it does not include admissions to A&E. Finally there remains the possibility that to date has not been tested empirically; because of the distance between Sheppey and Medway hospital, patients may have been admitted overnight and transferred back the following morning. This type of admission would appear on the statistics, collected as an inpatient admission.

Data for hospital admissions data (Table 4) does not show whether there has been a change in admission levels. However the Isle of Sheppey has some of the highest number of patients being admitted with signs of alcohol use. This is also the same for ambulance pick up data for overdose/poisoning (Swale Community Safety Partnership, 2009). Thus while alcohol use appears to be non-problematic for the majority of young people on Swale there are a small number of young people who are encountering serious alcohol, problems and on face value in Kent only Thanet presents a greater problem.

Table 4: Alcohol Specific Hospital Admissions (Under 18s rates per 100,000) for 2005/06 to 2007/08 (KDAAT, 2009)

Local authority	Measure	Rank (national)	Number	Lower Confidence Limit	Upper Confidence Limit	Average admissions per year
Thanet	104.30	273	89	87.57	123.86	29.7
Shepway	65.36	181	41	50.27	84.38	13.7
Canterbury	65.08	180	57	52.19	80.75	19.0
Tonbridge and Malling	64.97	179	53	51.66	81.29	17.7
Swale	64.58	175	58	51.90	79.98	19.3
Ashford	55.82	145	44	43.34	71.41	14.7
Dover	54.04	133	38	41.11	70.48	12.7
Dartford	53.29	128	33	39.68	70.89	11.0
Sevenoaks	45.75	101	35	34.38	60.35	11.7
Tunbridge Wells	44.91	96	34	33.60	59.49	11.3
Maidstone	42.86	86	40	32.85	55.51	13.3
Gravesham	38.60	66	26	27.61	53.29	8.7

Data supplied by KDAAT. (2009)

Table 5 shows the adjusted rates for adult hospital stays for alcohol related harm in Swale using Department of Health and Association of Public Health Observatory Data (APHO). They show an increase from 2007/08-2008/09. The large jump from 2006-2007 is a reflection of different data collection methods.

Table 5; Hospital stays for alcohol related harm for Swale (Age and sex standardised rate per 100,000)

Year	Local No. Per Year	Local Value	England Average	England worst	England Best
2008/09	2067	1330	1580	2860	784
2007/08	1920	1272.2	1472.5	2615.1	639.9
2006/07	254	199.7	260.3	741.1	87.6
2005/06	238	186.9	247.7	652.4	85.6

Data from APHO and Department of Health, 2010; APHO and Department of Health, 2009; APHO and Department of Health, 2008; APHO and Department of Health, 2007

Table 6 shows South Eastern and Coastal PCT data relating to hospital admissions for Swale residents – resulting from mental and behaviour disorders in consequence of psychoactive substance use. Much of the data is not produced due to the small numbers in the relevant cell. The 09/10 data confirms that the Isle of Sheppey presents the highest burden in this measure. The four areas with the highest number of hospital admissions all come from the island as follows: –Sheerness West (37), Sheppey Central (28), Leysdown and Warden (24) and Sheerness East (22). The total for the island is 136 (40%). This figure has to be put into some context. According to figures from the Office of National Statistics 2005 the population of Swale is approx 127,600, figures quoted on a bbc website quote an approximate population for the Isle of Sheppey of 35,000.
http://www.bbc.co.uk/insideout/southeast/series8/week_four.shtml

So in short 40% of all Swale hospital admissions for mental and behaviour disorders resulting from psychoactive substance use came from only approx 27% of the population.

Table 7 presents similar data from 2009-10 for hospital admissions resulting from the toxic effects of alcohol. The numbers are small but once again areas of island have the higher figures Queenborough and Halfway (9), Sheerness East/West (7 each), Minster Cliffs (5) and Sheppey Central (4).

Although the numbers in table 8 are small they reveal that areas of the island had the highest hospital admissions as a result of assaults in 2009-2010- though caution should be used before attributing these to either drugs or alcohol as this data was not collected. The areas in question were Sheppey Central (14), Sheppey West (9), Sheerness East, and Minster Cliffs (both 6).

Table 6: Hospital Admissions - Mental & Behavioural Disorders due to Psychoactive Substance Use. Quarter January 10 to March 10 and Year April 2009 to March 2010. (Occurrences of 3 or less have been suppressed due to NHS disclosure and confidentiality guidance) Source: Eastern and Coastal Kent PCT

		Qtr Jan-Mar10	Year 09/10
Swale	Abbey	Suppressed	11
	Borden	Suppressed	Suppressed
	Boughton and Courtenay	Suppressed	4
	Chalkwell	7	14
	Davington Priory	Suppressed	7
	East Downs	Suppressed	4
	Grove	4	11
	Hartlip, Newington and Upchurch	Suppressed	14
	Iwade and Lower Halstow	Suppressed	5
	Kemsley	Suppressed	11
	Leysdown and Warden	6	24
	Milton Regis	Suppressed	16
	Minster Cliffs	Suppressed	10
	Murston	6	18
	Queenborough and Halfway	Suppressed	15
	Roman	4	19
	St Ann's	7	14
	St Michaels	Suppressed	14
	Sheerness East	5	22
	Sheerness Weat	7	37
	Sheppey Central	8	28
	Teynham and Lynsted	Suppressed	13
	Watling	Suppressed	6
	West Downs	Suppressed	4
	Woodstock	5	10
Swale Total		80	332
Isle of Sheppey Total			136

Table 7: Hospital Admissions – Toxic Effects of Alcohol. Quarter January 10 to March 10 and Year April 2009 to March 2010.
Occurrence of 3 or less have been suppressed due to NHS, disclosure and confidentiality guidance Source: Eastern and Coastal Kent PCT

		Qtr Jan-Mar10	Year 09/10
Swale	Abbey	Suppressed	Suppressed
	Borden	Suppressed	Suppressed
	Boughton and Courtenay	Suppressed	4
	Chalkwell	Suppressed	7
	Davington Priory	Suppressed	Suppressed
	East Downs	Suppressed	Suppressed
	Grove	Suppressed	Suppressed
	Hartlip, Newington and Upchurch	Suppressed	Suppressed
	Iwade and Lower Halstow	Suppressed	Suppressed
	Kemsley	Suppressed	Suppressed
	Leysdown and Warden	Suppressed	Suppressed
	Milton Regis	Suppressed	7
	Minster Cliffs	Suppressed	5
	Murston	Suppressed	6
	Queenborough and Halfway	4	9
	Roman	Suppressed	5
	St Ann's	Suppressed	8
	St Michaels	Suppressed	Suppressed
	Sheerness East	Suppressed	7
	Sheerness West	Suppressed	7
	Sheppey Central	Suppressed	4
	Teynham and Lynsted	Suppressed	Suppressed
	Watling	Suppressed	Suppressed
	West Downs	Suppressed	Suppressed
	Woodstock	Suppressed	Suppressed
Swale Total		29	87
Isle of Sheppey Total			

Table 8: Hospital Admissions – Assaults Source: Eastern and Coastal Kent PCT
(**Occurrences** of 3 or less have been suppressed due to NHS disclosure and confidentiality)

		Qtr Jan-Mar10	Year 09/10
Swale	Abbey	Suppressed	Suppressed
	Borden	Suppressed	Suppressed
	Boughton and Courtenay	Suppressed	Suppressed
	Chalkwell	Suppressed	Suppressed
	Davington Priory	Suppressed	Suppressed
	East Downs	Suppressed	Suppressed
	Grove	Suppressed	4
	Hartlip, Newington and Upchurch	Suppressed	Suppressed
	Iwade and Lower Halstow	Suppressed	Suppressed
	Kemsley	Suppressed	6
	Leysdown and Warden	Suppressed	Suppressed
	Milton Regis	Suppressed	Suppressed
	Minster Cliffs	Suppressed	6
	Murston	Suppressed	5
	Queenborough and Halfway	Suppressed	Suppressed
	Roman	Suppressed	4
	St Ann's	Suppressed	Suppressed
	St Michaels	Suppressed	4
	Sheerness East	4	6
	Sheerness West	Suppressed	9
	Sheppey Central	Suppressed	14
	Teynham and Lynsted	Suppressed	Suppressed
	Watling	Suppressed	5
	West Downs	Suppressed	Suppressed
	Woodstock	Suppressed	Suppressed
Swale Total		22	91

Alcohol and Crime

Alcohol misuse is a contributing factor to many crimes, and associated with antisocial behaviour. The North West Public Health Observatory (NWPHO) has produced alcohol profiles based on number of indicators and methods. NWPHO calculated recorded crime related to alcohol using the Strategy Unit's 'attributable fractions' and applied them to the total number of recorded crimes (See appendix 1). Attributable fractions estimate the statistical association between alcohol and crime (Saffin et al 2009).

Figure 2: Crude rate of all recorded crimes in 2006/07 that are attributable to alcohol misuse across local authorities in Kent (Saffin et al., 2009)

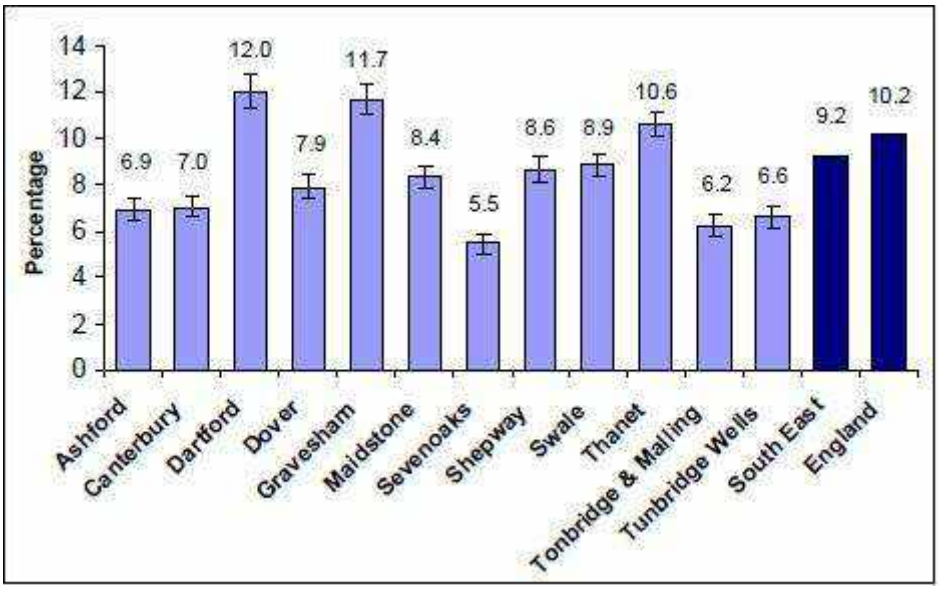


Figure 2 based on NWPHO data shows that Swale is in the mid–range for alcohol-related crimes for Kent but below both the figures presented for both the England and South East England. (i.e fewer recorded crimes attributable to alcohol misuse).

The team were able to access a number of data sets in relation to alcohol use, in contrast to date publically available data relating to illicit drug use in Swale has proved difficult to obtain. KDAAT (2008) have produced an action plan 2008/09 which has identified a number of areas of "unmet" needs. The document stated that it was generally difficult to obtain data relating to rural drug use patterns in Kent and that Sheerness and Leysdown were both areas where the provision of specialist treatment was "problematic." Generally Kent had a "slightly higher proportion of young people who had never taken drugs than nationally", but it is worth noting that in the secondary schools survey (table 3), the rate of respondents reporting feeling unsafe due to drug use was marginally higher than the rest of Kent.

Problematic areas

As a result of the stakeholder interviews (to be presented shortly) there are places on the island that can be deemed “difficult and problematic.” However it is important to note that we cannot conclude this is a consequence of alcohol or drug use. See appendices for more detailed maps. Table provides a profile of each area of Sheppey including the areas nominated as “difficult and problematic.” These are referred to as “Hot spots” in the rest of the report.

Table 9: Profile of Each Area of the Isle of Sheppey

Eastchurch –	**Warden-**
Approx population 2950	**Approx population 1850**
Holiday parks with an historic area around the church	**Two communities, Warden Point and Warden Bay consisting of residential housing and holiday parks.**
Area (s) deemed 'difficult and problematic':	Area (s) deemed 'difficult and problematic':
None to note thus far	*Area near Donkey Hill*
Leysdown –	**Queenborough and Rushenden including Halfway**
Approx population 1300	**Approx population 7640**
Busy Summer holiday town on the Eastern side of the island.	**Queenborough is the oldest town on the Island. It boasts a number of industries including pharmaceuticals and ceramics. Queenborugh and Rusheden are separated by large industrial estates**
Area (s) deemed 'difficult and problematic':	Area (s) deemed 'difficult and problematic':
None to note thus far	*Stanley Avenue* *Manor Close* *Car Park*
Minster –	**Sheerness –**
Approx population 13520	**Approx population 12,000**
One of the largest parishes in Kent, with pockets of deprivation and high proportion of retired people.	**Sheerness is the main town for the Island which also has a commercial port and an active Steel Mill**
Area (s) deemed 'difficult and problematic':	Area (s) deemed 'difficult and problematic':
Lapwing Close *Harps Estate* *Noreen Avenue* *Appleford Drive* *The Broadway* *Bunnybank* *The Glen* *Redrow Estate* *The Leas* *Queens Road* *Behind the supermarket car park*	*Vincent Court* *Edenbridge Drive* *Beach Front* *Marine Town* *The canal* *Various alleyways in and around the Alma Road area* *Town Centre* *St. Georges Avenue* *Train Station* *Beachfields Park,* *Bartons Point*

Many of these areas are affected by the warmer weather such as the beach and parks in the area. However, areas such as these have shown considerable improvement, with one individual stating that the police issuing anti-social behavioural orders have helped contribute towards the improvement. The closure of a nightclub, in Sheerness Town Centre, (closed in 2004) was cited as a major point when many issues ceased or lessened.

Young People's Survey

The project team wished to collect data concerning the level and consequences of drug and alcohol use on the island, to this end a survey was conducted amongst 13 to 18 year olds at Sheppey Academy. The intention was to complement surveys conducted amongst householders and focus groups also conducted with young people at the school.

The survey tool comprised 28 questions, dealing with issues of alcohol consumption, engagement in hazardous drinking behaviours, experience of alcohol-related negative consequences, exposure to drugs and patterns of drug use. It was based upon the Scottish Schools Adolescents Lifestyle and Substance Use Survey (SALSUS). Questions relating to smoking were omitted as it was felt be the survey team and senior members of Sheppey Academy that this would make the survey overlong and thus the students would be less likely to complete it. Instead the Alcohol Use Disorders Identification Text (AUDIT), (Saunders et al 1993) an international diagnostic tool intended to identify hazardous and harmful alcohol usage was incorporated into the survey. In addition students were asked questions regarding age, gender, ethnic origin, family make-up, family employment status, and the part of the island on which they resided.

Surveys were distributed via the school and were completed in class by the students personally. A second batch was later issued in attempt to bolster the number of sixth-formers in the sample. In total, 486 survey forms were returned: of these 74 were either left entirely blank, or contained no information beyond basic personal details (age, gender, family make-up etc.). These were discarded and played no further part in analysis, as were 12 from students aged eleven or twelve, as this age group fell outside the remit of the survey. In total, 400 valid responses were received and used for the analysis.

There were (n=168, 42%) male and (n=262, 58%) valid female respondents. There was a slight over-representation of females responding after the gender balance of the school population was taken into account. The age groups in question the school role equated to the following percentage breakdown- (males 47%, females 53%). Nineteen participants (5%) were aged 13, 148 aged 14 (38%), 142 aged 15 (36%), 64 aged 16 (16%), 13 aged 17 (3%), 3 aged 18 (< 1%), and 2 ages 19 (<1%). As such, despite our efforts to recruit more sixth-formers, our sample remains heavily skewed towards 14 and 15 year olds, corresponding to pupils in years 9, 10, and 11, and representing more than 70% of the sample.

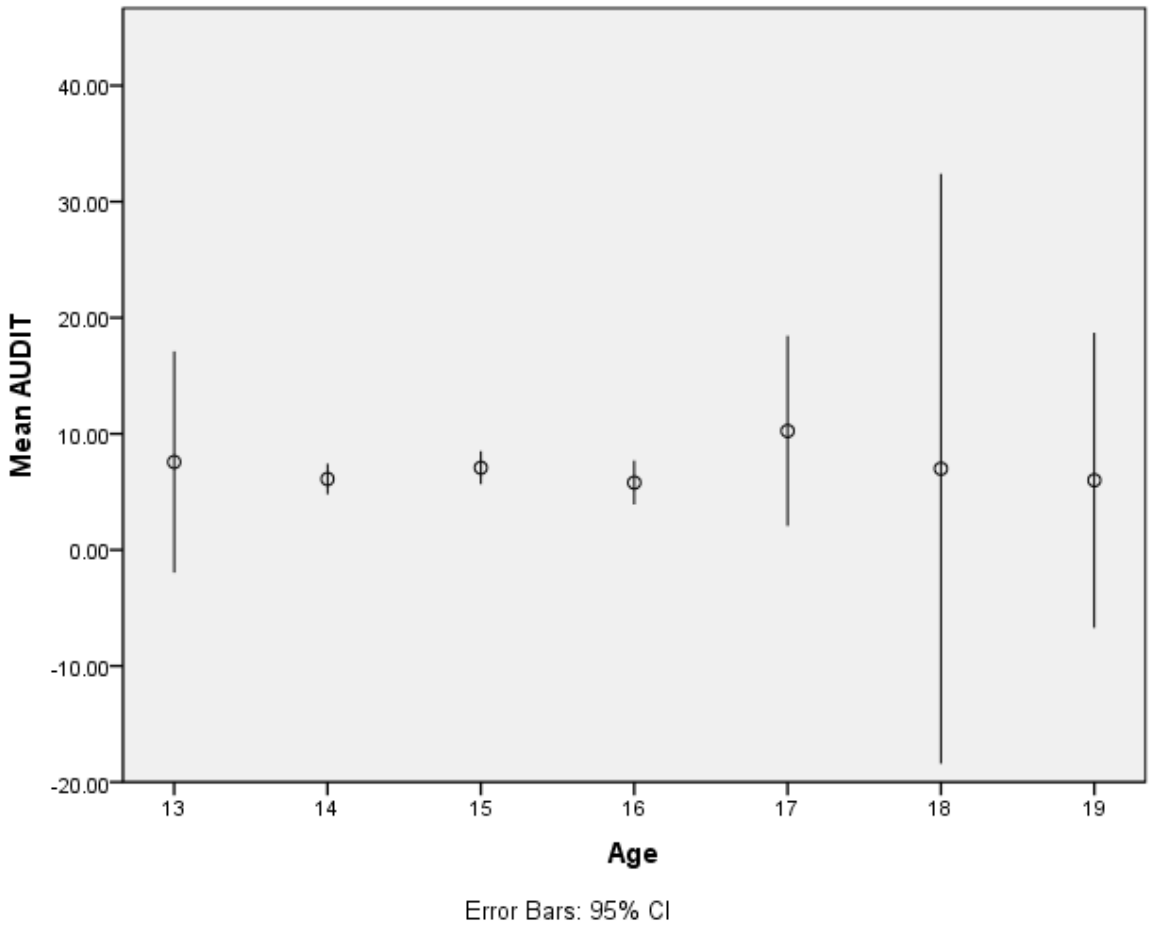
Three hundred and eighty participants (96%) defined themselves as White British or White English, 18 (4%) were from another ethnic group. Due to the small number of non-White British participants, we decided not to use ethnicity as a unit of analysis, for fear of compromising anonymity, and because of difficulties of generating statistically significant results.

Three hundred and twenty four (82%) of the participants had drank alcohol at some stage, compared to 18% who had not. Three hundred and twenty nine participants replied to questions concerning frequency of drinking again infrequent drinking was the pattern.- n=99 (30%) had not drank in the past month, n= 129 (39%) described their pattern of drinking as monthly or less, n= 65 (20%) drank two or three times per month, only (n=7, 11%) drank more than twice per week. There was no statistically significant relationship between gender and having tried alcohol: (p= 0.21)

Of the students who had tried alcohol, 34% had an AUDIT score of 8 or more, the threshold which indicated harmful of hazardous drinking. Whilst this may be taken to indicate that the majority of young people in our survey who drink do not do so in a problematic manner, we must caution that AUDIT is designed to identify problematic drinking behaviours amongst *adults* and is of limited applicability to young people's alcohol use. (Reinert and Allen 2007)

Whilst we hypothesised problematic drinking may be more prevalent amongst older young people, we discovered no statistically-significant relationship between age and AUDIT score, exhibiting both a weak correlation coefficient (r=0.071) and low significance (p=0.295). We must however caution that 95% confidence intervals for mean AUDIT scores for 18 and 19 year olds are extremely high due to low participant numbers in those age groups, making it impossible to accurately determine population mean scores. This is illustrated in Figure 3

Figure 3: Error Bars to illustrate the relationship between AUDIT Scores and Age.

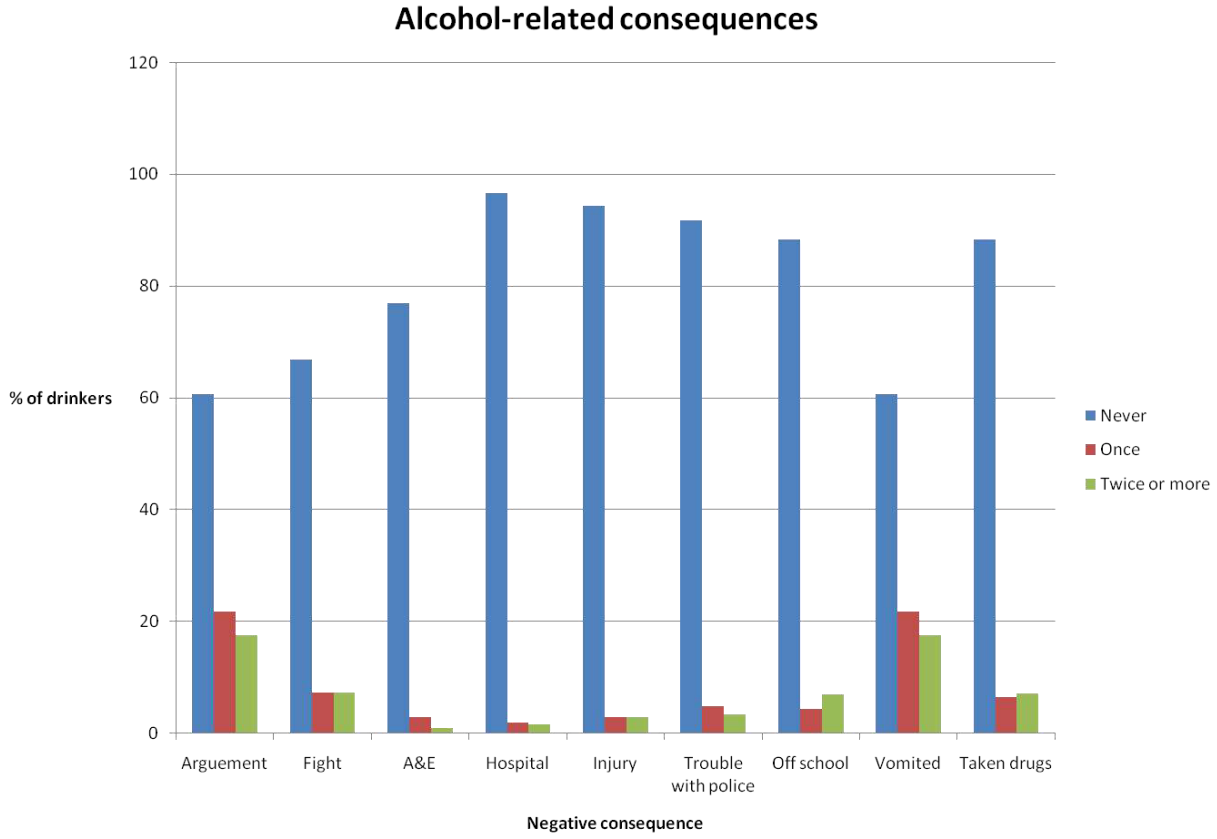


There was no statistically significant relationship between gender and AUDIT score (r=0.008, p = .906)

Consequences of Drinking

Examining alcohol-related negative consequence amongst participants who have consumed alcohol, we can see that most potential negative consequences are infrequent. The results are shown in Figure 4.

Figure 4:

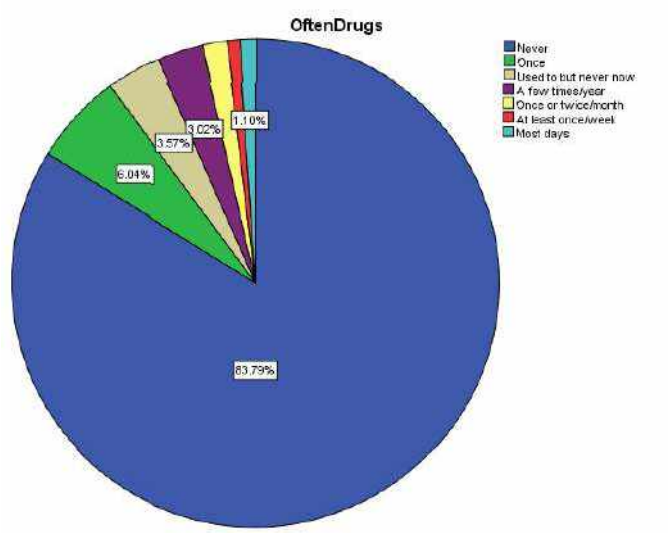


Thirty nine percent of participants who have ever tried alcohol had been involved in an argument (n=325) (n=127, 39%), and or been sick (n=325) (n=127, 39%) as a result of alcohol consumption. Three hundred and fourteen replied to the questions “having had trouble with the police” of these, 56 (18%) answered positively. More participants replied to the question “had they taken drugs whilst drinking” (n=325) and (n=44, 14%) responded positively to this question. Forty eight (n=325) (15%) been in a fight whilst drinking, the equivalent statistics for having been off school as a result of drinking were as follows (n=322) (n=38. 12%). Fewer than ten percent had been taken home by police (n=325) (n=27 8%). Very few had any contact with medical services as a result of their drinking as follows; “been injured and treated by a doctor” (n=324) (n=18, 5%), “taken to Accident and Emergency” (n=325) (n=15, 4%) and “admitted to hospital” (n=324) (n=11,3%).

Drug Use

Three hundred and five (84%) had never tried illegal drugs or legal highs of any description. Twenty-two (6%) had taken drugs only once, Thirteen (4%) had taken drugs in the past but do not use them now. Eleven (3%) used drugs a few times a year, six (2%) used drugs once or twice a month, three (< 1%) used drugs weekly, and four (1%) use drugs most days. This data is illustrated in the pie-chart Figure 5.

Figure 5: Frequency of Illicit Drug or Legal Highs Use



Cannabis was the most commonly used drug: fifty-nine (17%) 16.7% participants had tried cannabis at some stage. Only 18 (5%) respondents (n=18) had tried solvents and any stage, and all others were equal to or less than 4% as follows: amphetamines (n=15, 4%), LSD (n=7, 2%), ecstasy (n=11, 3%), crack and powder-based cocaine both (n=10, 3%), legal highs and steroids (n=9, 3%) and heroin (n=7, 2%). Drug use other than cannabis thus appears to be very rare, but due to the very small numbers of students, before generalising them to the wider population. We also cannot automatically dismiss the possibility that some participants may have boasted of taking drugs they may not actually have experienced.

Despite our hypothesis that older pupils may have been more likely to take drugs, we found no statistically significant relationship between age and frequency of drug use ($r = 0.001$, $p= 0.987$), nor any statistically-significant relationship between age and having ever used drugs ($r = 0.008$ $p = 0.884$). The latter is particularly unusual as one would expect a relationship between age and having ever used drugs purely as a result of statistical artefact (i.e. the increased likelihood of any given event taking place in any expanded time frame). This, and the small number of participants having taken most drugs, should lead to caution regarding generalising these patterns to wider populations.

We did, however, identify a statistically-significant and moderately strong relationship between AUDIT scores and frequency of drug use ($r=0.46$, $p \leq 0.001$) indicating that frequency of drug uses rises with higher AUDIT scores i.e. that frequency of drug use rises with harmful or hazardous drinking behaviour.

Resident's survey

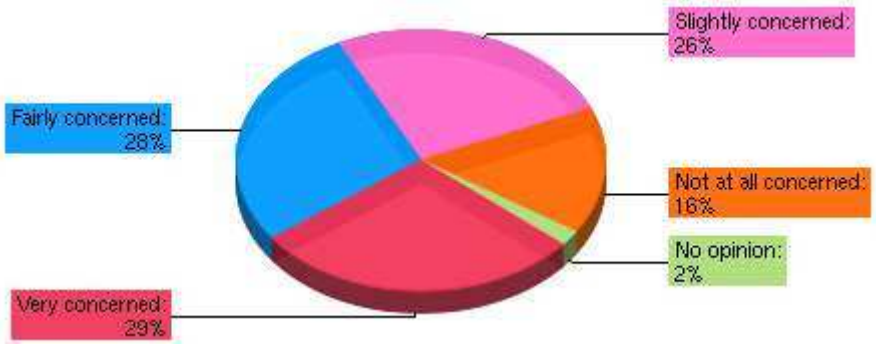
An internet survey using the survey gizmo software package was conducted. Attempts were made to enhance recruitment by publicising the survey using such tools as facebook, twitter, local newspapers and distributing publicity leaflets. Despite this only full 109 responses were completed, 17 were incomplete and this data is not included in this report. The data re age distribution and area of residence are shown below (table 10). The majority of respondents were over 60 or 18-45. All areas of the island had response rates that were consistent with their populations, with the exceptions of Leysdown and Warden which was under-represented. Comments are made re the differences between Sheerness Town and Minster, the data is not presented but is available from the authors on request.

Table 10: Distribution of Age and Area of Residence of the Participants

Age			Area of Residence		
Category	Number	Percentage	Category	Number	Percentage
Under 18	15	14	Eastchurch	3	3
18 - 24	25	23	Halfway	11	11
25 - 44	20	19	Leysdown	4	4
45-60	18	17	Minster	34	33
Over 60	29	27	Queenborough	7	7
			Rushenden	4	4
			Sheerness	41	39
			Warden	0	0

The first question of survey asked each individual to state how concerned they are with anti social behaviour in the area. The results in the pie chart are shown below for 108 responses.

Figure 6: To what extent are you concerned about anti-social behaviour in your local area?



Concern about anti-social behaviour in the local area is high and the general trend was that residents in the Sheerness area were more concerned about anti-social behaviour compared to those living in Minster.

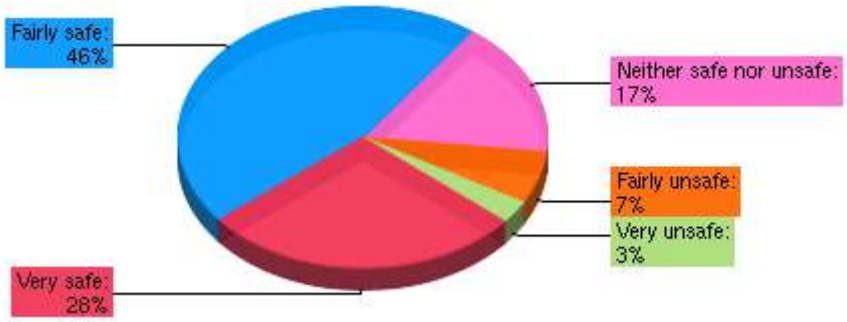
Concerns around anti-social behaviour tend to be marked in older residents. Those aged 45 – 60 expressed the most concern about anti social behaviour in their area compared to other age groups (50% were 'very concerned'). 46.7% of under 18's were 'not concerned', and 41.4% of the over 60's were 'slightly concerned'.

Participants with dependants are more concerned about anti-social behaviour in their area than those without. 31% of participants with dependants were 'very concerned', compared to 27% of participants who did not have dependents.

Safety.

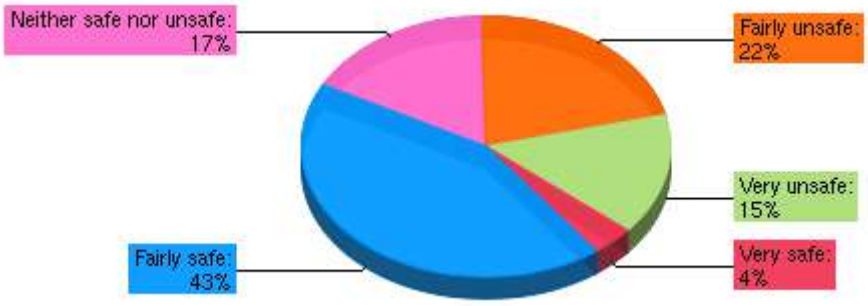
The next area of enquiry was how safe residents felt in their area during the day, the results are shown below for 107 responses.

Figure 7: How do you feel when outside in your local area during the day?



Across the sample participants largely felt safe where they live during the day. (Figure 6) Despite being less concerned about anti-social behaviour in their area overall, residents in Minster did not feel as safe during the day in the area as those living in Sheerness.

Figure 8: How do you feel when outside in your local area after dark (n=107)?



The trend of responses was towards safety at night, 47% were safe at night, 37% were unsafe. Those under 18 years old feel the safest when out at night (67% felt fairly safe), this is followed by the over 60's, (55% felt fairly safe). Residents living in the Minster area felt safer outside at night than those living in Sheerness.

Decline or Otherwise of the Area over 12 months?

One hundred and four responses were received the question "As a place to live would you say your local area has got better or worse over the last 12 months?" The results are shown in figure 8 overleaf.

Figure 9: As a place to live would you say your local area has got better or worse over the last 12 months?

Fifteen percent felt their area had improved, 46% it was about the same and 39% believed it had become worse. Those who felt the area had declined tended to be older, 56% of those age 45 – 60 felt that their local area has declined in the past 12 months, in comparison 33% of under 18's felt that the area has improved.

Types of Problems Experienced

The results are shown in the table 11 below. The highest concern s were over 'rubbish or litter', 'people not treating other people with respect and consideration' and 'drunk or rowdy behaviour'.

Table 11: Types of Problems Experienced By Residents on the Island

	A very big problem (n's /%)	A fairly big problem (n's /%)	Not a very big problem (n's /%)	Not a problem at all (n's /%)	It happens but it is not a problem (n's /%)	Not sure/don't know (n's /%)
Rubbish or litter	23 (22%)	26 (25%)	42 (40%)	10 (9%)	2 (2%)	2 (2%)
Noisy neighbours	6 (5%)	17 (16%)	31 (30%)	40 (38%)	6 (6%)	5 (4%)
Pets and animals	14 (14%)	18 (17%)	26 (25%)	42 (40%)	3 (2%)	2 (1.5%)
People not taking responsibility for their children	21 (20%)	19 (18%)	29 (28%)	27 (26%)	6 (6%)	2 (1.5%)
People not treating other people with respect and consideration	24 (23%)	26 (25%)	27 (26%)	20 (19%)	4 (4%)	4 (4%)
Drunk or rowdy behaviour	24 (23%)	18 (17%)	32 (30%)	26 (25%)	3 (3%)	2 (1.5%)
Abandoned or burnt out vehicles	4 (4%)	7 (6%)	23 (22%)	53 (51%)	9 (8%)	9 (8%)
Vandalism or graffiti	13 (12%)	19 (18%)	35 (33%)	30 (28%)	4 (4%)	4 (4%)
Drug use or dealing	15 (14%)	28 (27%)	17 (16%)	28 (27%)	0	16 (15%)
Other crime	13 (12%)	16 (15%)	34 (33%)	14 (13%)	5 (4.5%)	22 (21%)

Drug and Alcohol Problems

As this study concentrates on anti-social behaviour presented by drug use or dealing and drunk or rowdy behaviour further data is presented concerning the different perspective of the differing age groups in these variables. Table 12a) shows the data in relation to drunk and rowdy behaviour and table Xb) drug use or dealing.

Table 12 a): Perspective of problems created by drunk and rowdy behaviour according to age.

	A very big problem	A fairly big problem	Not a very big problem	Not a problem at all	It happens but it is not a problem	Not sure/don't know
Under 18	2 (13%)	2 (13%)	7 (47%)	4 (27%)	0	0
18 - 24	10 (40%)	2 (8%)	4 (16%)	5 (20%)	2 (8%)	2 (8%)
25 - 44	5 (25%)	6 (30%)	6 (30%)	3 (15%)	0	0
45 - 60	4 (25%)	4 (25%)	6 (38%)	2 (12%)	0	0
Over 60	2 (7%)	4 (14%)	9 (32%)	12 (43%)	1 (3%)	1 (3%)

Table 12b) Perspectives of problems caused by drug use or dealing according to age.

	A very big problem	A fairly big problem	Not a very big problem	Not a problem at all	It happens but it is not a problem	Not sure/ don't know
Under 18	1 (6%)	4 (27%)	3 (20%)	5 (33%)	0	2 (13%)
18 - 24	5 (21%)	7 (29%)	2 (8%)	5 (21%)	0	5 (21%)
25 - 44	3 (15%)	4 (20%)	7 (35%)	5 (25%)	0	1 (5%)
45 - 60	2 (12%)	4 (25%)	1 (6%)	3 (19%)	0	6 (38%)
Over 60	4 (14%)	8 (29%)	4 (14%)	10 (36%)	0	2 (7%)

Participants under eighteen had the least concerns with both drunk and rowdy behaviour and drug use and dealing. Forty percent of 18 – 24 years olds felt that 'drunk or rowdy behaviour' was a 'very big problem' and 8% a fairly big problem. This age group expressed the most concern about 'drug use/dealing 20.8% felt it was a 'very big problem' and 29.2% a 'fairly big problem.

Fifty five percent felt that drunk and rowdy behaviour was either a very big or fairly big problem, this compared with 35% for drug use or dealing. In the 45-60 age range half of the sample felt that drunk and rowdy behaviour was either a very big or fairly big problem, this compared to 37% who provided the same ranking for drug use or dealing. Finally for those over 60 drug use were more concerned with drug use or dealing (43%) than drunken or rowdy behaviour (21%).

Generally there is far greater concern about all various forms of anti social behaviour in Sheerness compared to Minster, a greater percentage of respondents answering 'a very big problem' across all behaviours compared to their Minster counterparts. Minster residents were mostly concerned with 'people not taking responsibility for their children' and 'people not treating other people with respect and consideration." But this data has to be treated with some caution due to the small sample sizes involved.

Data is available on the request breaking down the variables shown in table 11 by age-bands.

Reporting of Anti-Social Behaviour

Forty six (42%) participants have been affected by anti-social behaviour in their area. The table below shows the age range of those who had experienced anti-social behaviour

Table 13: Age Range of those who experienced antisocial behaviour (n=46)

Age Range	Percentage of age-range who had experienced anti-social behaviour
Under 18	20%
18-24	24%
25-44	45%
45-60	66%
60 and over	52%

Those 45 years and above were more likely to experience anti-social behaviour. Twelve (26%) did not report the incident/s to authorities, the most popular reason given being that there was 'no point'. Those aged 45 and above were less inclined to report incidents of anti-social behaviour to the appropriate authorities. The most common reason was the belief that authorities will not/cannot do anything to address the matter.

Figure 10: Is there an alcohol problem on the island?

The results when participants were asked to rate whether alcohol was a problem on the island or not are shown in the pie-chart below, 65% of the respondents felt it was either a fairly big problem or very big problem.

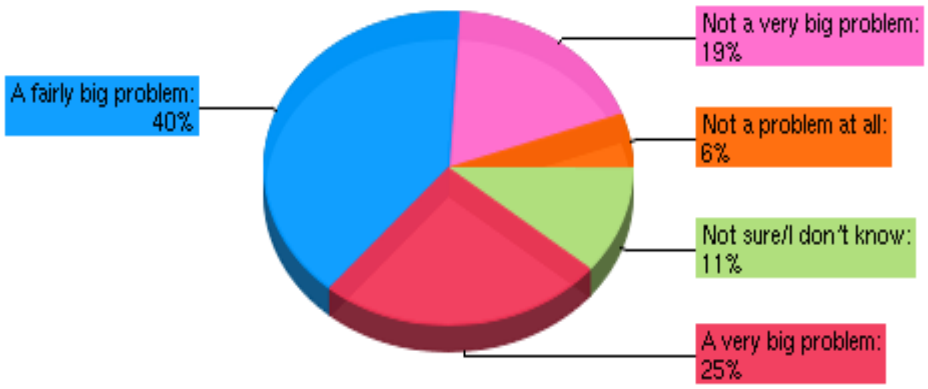


Table 14 shows these responses broken down by age.

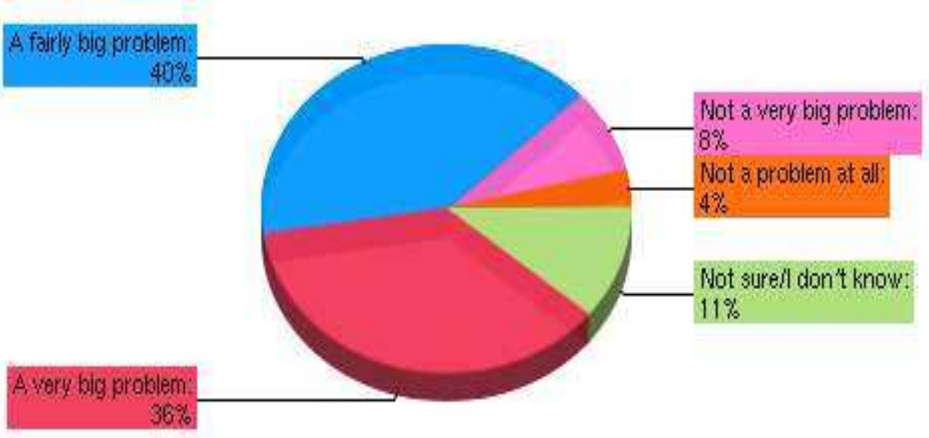
Table 14: Responses to the Question "Is alcohol a problem on the island?"according to age.

	A very big problem	A fairly big problem	Not a very big problem	Not a problem at all	It happens but it is not a problem	Not sure/ don't know
Under 18	2 (13%)	2 (13%)	6 (40%)	3 (20%)	0	2 (13%)
18 - 24	6 (24%)	11 (45%)	4 (16%)	1 (4%)	0	3 (12%)
25 - 44	6 (30%)	9 (45%)	3 (15%)	3 (15%)	0	2 (10%)
45 - 60	5 (28%)	11 (61%)	2 (11%)	0	0	0
Over 60	8 (28%)	9 (31%)	5 (17%)	2 (7%)	0	5 (17%)

Most age groups regarded alcohol as a problem. The group where less than 50% regarded alcohol as a problem was under 18. Sheerness residents were more likely to feel that alcohol was a very big problem compared to those from Minster, where only 18% thought it was a "very big problem."

A similar analysis was conducted to ascertain whether there was felt to be a drug problem on the island. The results are shown in Figure 10.

Figure 11: Is there a drug problem on the Island?



A similar analysis was conducted to ascertain whether there was felt to be a drug problem on the Over three quarter (76%) of the sample felt there was a fairly big or very big problem with drugs. The table below breaks the responses down according to age bands.

Table 15: Responses to the question is there a problem with drugs on the island? Broken down by Age Bands.

	A very big problem	A fairly big problem	Not a very big problem	Not a problem at all	It happens but it is not a problem	Not sure/ don't know
Under 18	3 (20%)	2 (13%)	4 (27%)	2 (13%)	0	4 (27%)
18 - 24	8 (32%)	11 (44%)	1 (4%)	1 (4%)	0	4 (16%)
25 - 44	9 (45%)	8 (40%)	3 (15%)	0	0	0
45 - 60	9 (53%)	7 (41%)	1 (6%)	0	0	0
Over 60	10 (35%)	14 (48%)	1 (4%)	1 (4%)	0	1 (4%)

Similar trends were present as for alcohol problems with every age group beyond 18 having at least seventy percent responses in either the very or fairly big problem category. The largest category was 45-60 with 95% of this age band endorsing the aforementioned categories. Residents from Sheerness were more likely to feel there was a local drug problem than residents on other parts of the island.

Conclusions:

There is concern about anti-social behaviour in the local area as a whole, with Sheerness residents being the most concerned compared to Minster residents. Unfortunately due to the sample sizes of areas it is not possible to generalise perceptions of anti social behaviour according to location.

When compared to other forms of anti-social behaviour in their local area drunk or rowdy behaviour was seen as much as a problem as 'pets and animals' (fouling) and 'people not taking responsibility for their children', rubbish or litter formed some of their highest concerns.

While there were numerous reasons for individuals not to report incidents of anti-social behaviour to the authorities there was one that was common. Some residents felt that the problems they were

experiencing were not of any great importance to warrant contacting the police or that the police would be likely to take any action.

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Focus Groups with Young People

Two focus groups were held with young people on the island, (the themes that guided the interviews are shown in appendix 4).

a) Group 1; A group of sixth formers (aged 16-17) from the Isle of Sheppey Academy. There were three boys and five girls
b) Group 2: 4 participants aged 15-16 (2 boys, 2 girls) recruited through contacts of the Sheerness Healthy Living Centre who often truanted from school and were in danger of being excluded but given supported to stay engaged with school

FOCUS GROUP 1

The majority of the group consumed alcohol on a regular basis however the amount differed between individuals. Drinking took place in a number of places but predominantly within the home or at friends. Parents often bought alcohol, especially for special occasions, and then supervised the amount consumed. Some participants occasionally drank on the street as it gave them the opportunity to consume more, though they had tended to do this less as they became older. When drinking outside the participants would buy alcohol themselves from a number of shops and off licences they knew would serve them.

There were two different reasons put forward for drinking, firstly being with friends and secondly out of boredom. There was a link between the two. This quote from a young man is illustrative of the general discussion

'No, but there ain't nothing else to go on the island really, is it?'

The group liked the taste of alcohol and tended to drink WKDs, beer and strong wine. It was seen as a type of stress-relief. The quote below from a male participant illustrates this

"Yeah, if I'm stressed out, mum and dad have been doing my head in or anything, then I'll go out and sort of get paralytic."

This led on to a discussion of the negative effects of alcohol which ranged from mild hangovers, falling over, and to the more extreme case of being taken to hospital via ambulance (the female participant consumed an entire bottle of Absinthe). However these incidents taught the participants their personal limits and they rarely encountered the same problems to the same extreme again.

There was an acknowledgement that drinking often accompanied risky behaviour. This quote from a female indicates the possibility of taking risks that would not be taken if there had not been any drinking.

'Because you're more confident when you're drunk so it's like you won't care what you say to someone. This could lead to physical violence, despite not being the original intention."

None of the participants who drank regularly would like to stop. There weren't any reasons to stop drinking and its relatively simple to obtain. Many were near to the age of drinking and this male participant thought he would drink less when he became 18.

'You probably wouldn't drink as much but you'd still probably drink, you just wouldn't drink as much.'

The discussion then returned to the subject of boredom. A number of suggestions were

made to alleviate the boredom which gives rise to drinking and a lesser extent drug use these included: providing more fast food restaurants such as a KFC, shops such as Primark, JD Sports and Next. This particular age group felt they had nothing to do, as other groups and activities are more aimed towards younger people, such as cadets and scouts. Despite being able to still join these groups participants did not see the benefits as they would shortly be too old for them. Activities such as paint balling to provide fun alternatives were suggested. Similar activities can be found in areas such as Gillingham and Rochester. However travelling is problematic if there is no access to a car, and public transport is expensive.

Participants enjoyed the local arcades but these often have limited opening times during the winter months but in the Summer, especially in Leysdown local youths feel they can't use facilities due to holiday makers. There are a number of gymnasiums in the area, but they are perceived to be expensive and require a full years membership which is often unaffordable. Sheerness High treet is in decline, and yet comparatively expensive. Participants gave the example of the price of purchasing a bag a chips having increased significantly.

Two participants were much slower to admit trying drugs, (they have since discontinued use.). Cannabis was not seen as cost-effective because alcohol is cheaper and the effects do not last as long. The majority of students felt that drugs were 'disgusting' especially the smell. Drugs are looked upon negatively, for some this is enforced through experience. One female participant explained that:

'I've seen the effects of it 'cos I grew up around drugs, so I know what they can do and what they can't do.'

For others drug use was not advisable as this would impact upon further career choices.

This led on to a discussion concerning the role of the police. For some participants the police are not seen to be doing enough in the local area, Community Support Officers and Specials patrols are often seen in the area, but pose little threat as they are only seen the plastics' i.e. individuals who do not have police powers. The police often confiscate alcohol and provide a verbal warning only which is a minimal deterrent, as one male participant explained.

"And then that's it, and it's not exactly teaching you or like saying "Don't do it again."

Another participant explained a card system that takes place in Canterbury and felt that it would be a good system to implement on the island.

Some areas were seen as unsafe especially for the female participants, particularly at night. A number of areas were mentioned where mixed gender gangs congregate, these included Costcutters Minster, Alma Road, Rushenden, Halfway carpark, Scrapsgate, Beachfields Park and the Clocktower. Alcoholics and drug dealers are seen to frequent local parks and the participants explained that often they would find syringes and bottles. They explained they would never let children play in these areas. Fear is increased when groups wear hoodies, however participants themselves noted the necessity of wearing hoodies in cold weather.

There was then a discussion concerning the drug and alcohol education the participants had received in the school careers. Drug and alcohol education was very limited and seen as basic by this group, and was rarely combined. It was seen as 'stupid' often comprising of watching videos, completing worksheets or wearing beer goggles as illustrated by the following quote from a female.

'We watched a video, didn't we, of something a bloke drunk walking down a street drunk and everybody in the class said, all the boys, they were just thinking 'oh, we're gonna go out and get drunk now and see what happens'.

The educational value of personal experiences was seen to be more valuable

'It's when you first see it, you're 'oh, I wonder what would happen to me, I wonder if the effects would be the same' so then you go out and get drunk and then your Saturday/Sunday like 'aarrrhhh'."

The participants suggested a number of areas which they believed should be covered in such education classes. These included a discussion about possible harms and risks - what could happen. They also felt it would have been beneficial to know about certain legal issues such as what would happen if you were caught drinking underage or caused criminal damage. As part of the discussion they touched upon a project called 'Licence to Kill'. This focuses on the circumstances and consequences of traffic accidents, using examples from the local area so it is familiar to the students. They were struck by the human element and having contact with individuals who have been in prison and the families of individuals who have died.

It was this emotional element, describing the incidents, during and after that helped them reflect and changed students perceptions and behaviours. If drug and alcohol education followed this format participants felt that it would have more of an impact than educational and help services such as "Talk to Frank" currently do.

There were mixed opinions as to the levels of drug and alcohol use on the island, compared to other areas. Initially the majority believed that it was worse on the island however after discussion amongst themselves concluded they that other areas were worse or similar. Maidstone is seen as a popular place to visit on a Friday night as it has an array of pubs and clubs but it also has a strong police presence, which is not felt on the Island. There is little confidence in case of emergency. Female participants gave examples of incidents that they had encountered on the island:

'And it took two hours to get to the field behind my street, because we found some person who'd been drinking and he's passed out and they came from Sheerness but then they took two hours to get there. '

*"*like my nan, she actually got burgled and they took some of the things, even when my nan was in the house, they still came in and they hurt her … took some of her stuff, she called the police, they didn't even turn up. And that was in Leysdown and they're just horrible, I don't like the police, they're useless.'

Conclusion

Alcohol use is fairly common for young people of this age group, where drinking occurs predominantly inside. Boredom was one of the biggest reasons for drinking and as a form of stress relief. Drug use is not as common and was often a one off learning experience. Drug use is seen to be disgusting. Education is not comprehensive and participants would benefit from a personal account that is relevant to themselves. There is little confidence in the police both in response to emergencies they have encountered and not harsh enough punishments for street drinking.

Focus Group 2

The majority of the young people in this group (aged 15-16) drank alcohol on 'special occasions' such as birthdays, Christmas and weddings with family. Two participants stated that they also occasionally drank with friends. With one stating that he didn't drink at all. They confirmed that the family were the main supplier of alcohol (in one case supplying home-made wine) . When drinking with friends alcohol would be given to them by their parents, or adults would be asked to purchase it upon entering shops. However street drinking was seen to be a negative activity, being described as 'scummy', one female participant stating:

'I'll only do it if it's at my house or someone else's house or at a party, I wouldn't do it on the streets. I used to and I thought I was really good. But I look at people now and I think it's

disgusting.'

Parental influence was the initial catalyst for positive behavioural change for one male participant

'...Because my mum went mad at me and obviously I've been caught now so really I've been caught by the police and my mum so I don't really want to get caught again.'

Problems caused through drinking only regularly occurred while out with friends (as opposed to drinking within the family environment). Accidents usually involved falling over and incurring minor injuries as a result. One participant admitted lying to parents over the cause of a cut to the head for fear of punishment. These types of incidents have tended to alter the drinking habits of the participants who were overtime also able to monitor the impact of personal intoxication levels with reference to feelings of dizziness and nausea.

Drug use was less prolific, limited to two participants having used cannabis and poppers on one occasion. One participant explained that a stranger offered cannabis to her and her friends, and suspected he was from a campsite visiting during the summer. Despite comparatively minimal drug use they described such consequences/side effects as dizziness, vomiting and paranoia. They found these severe and thus informed their parents/guardians what they had taken. Parents/guardians tended to regard this as a learning experience and no further action required to be taken provided the behaviour was not repeated. As a result the interviewees chose not to use drugs any further. Similarly to focus group one drug use was not seen as cost-effective. Those who had been offered drugs had not taken them because of the adverse health implications that they knew of.

Similarly to focus group 1 the participants were dissatisfied with entertainment and transport options available to them on the Island. They felt it would be helpful if there were festival and parties and barbeques targeted at their age group (15-16) The lack of a cinema on the island was also commented upon. When discussion turned to local youth clubs the participants felt that they could benefit from more varied activities, female participants felt that many of the activities were more male orientated. Travel was a problem for some especially in the Warden/Leysdown area. Local transport is very unreliable and relatively expensive, as bus passes are only valid on week days. Participants are then left to 'hang' at local parks.

Participants sometimes felt unsafe when walking around in the dark, especially if they meet someone who is drunk this is illustrated by the following quote from a female participant.

"But if I see someone drunk at night time...I turn, I wait for them to go past and I just stand there because I get really scared."

Large groups are also seen as a threat and are generally avoided or other measures such as talking on a mobile phone to friends and family. Sheerness is seen regarded as threatening and it is common to see individuals walking around with cans in hands. Minster and Halfway are seen to be better, but still have some areas which the participants tended to avoid, and the same was said about Warden Bay. Leysdown is believed to see greater incidents of anti social behaviours during the summer but the police presence does increase. There were mixed views on whether there were more problems with drugs and alcohol on the Island than elsewhere. Local news plays a strong influence in creating an impression of the island being unsafe as demonstrated by the following quote,

"Because every day like my mum reads the paper she always tells us about like all the people who's been caught, where they've been caught, like all the knife crimes and stuff like that."

The discussion concluded by briefly touching upon drug and alcohol education and their level of useful knowledge. As in focus group 1 it appeared to have little impact. Participants had difficulty recalling drug or alcohol education at school. One recalled a week long project concerning drug

and alcohol education which happened in Year 9. An individual came in and spoke about the problems of drugs and alcohol and how it ruins lives. While students found it interesting it did not alter their behaviour nor did it increase their awareness of the dangers. This is an area of concern for knowledge about the correct course of action should a friend or family member fall ill after drinking or drug taking was minimal and there was little confidence in carrying out first aid manoeuvres such as putting someone in the recovery position. Furthermore there was a reluctance to call for assistance should it be required for fear of reprisals from parents later on, unless it was a serious incident.

Conclusion

The majority of participants engaged in drinking activities but this is largely under the supervision of parents. Any drinking without the knowledge of parents is done with caution as punishment from parents was more feared than that of legal authorities. Street drinking had negative connotations. Alcohol/drug education had minimal impact and few if any of the participants felt confident that they would know what to do if someone became ill through drinking or drug taking.

Drug use was less common, with health risks being the major factor for not continuing/starting. However parents were seen to be more understanding regarding some drug use as part of an important life experience. So long as it did not continue the response was not punitive.

Stakeholder Interviews

The project team was advised by a steering group and a number of key local stakeholders were identified who could provide valuable data concerning alcohol and drug use amongst young people on the island. The themes for the interviews which were taped and thereafter transcribed are shown in appendix 5.

a) Representative of East Coast Kent Primary Care Trust

The interviewee did not have specific expertise in substance misuse but could provide knowledge of the impact it has on the health services and the wider community. Drawing upon information provided by the North West Public Health Observatory the interviewee felt that when compared to the rest of Swale and Kent, the island does not have a significant problem with alcohol misuse. Other areas such as Canterbury were highlighted as having higher levels of alcohol-related problems.

On visits to the island the interviewee had seen some young people openly drinking throughout the day, however was careful to state that this should not stereotype the island as this was a very small number of cases. The discussion then progressed to discuss the experience of community development and tackling anti-social behaviour. The perception was that drinking by young people was not a huge concern.

These views were also echoed when discussions turned to young people's drug use. The interviewee stated that since working in the Swale area, young people's drug use had not presented a problem for the PCT and compared to areas such as Medway attendance at drug and alcohol support services for the island were very low.

Deprivation was seen to be one of the biggest factors in alcohol and drug use within the community. In areas where there are high levels of unemployment, low aspirations, poor leisure facilities, and lack of transportation this is likely to have an impact upon drinking and drug taking habits. Furthermore if a young person has a role model in this situation the chance is they will emulate this behaviour. However this is not unique to the Island and can be seen across many deprived communities throughout the country.

The discussion then focused upon how the NHS treats and refers young patients known to be misusing substances (alcohol or drugs). The interviewee described how young patients were treated sensitively taking into account their age. They are signposted towards other services, and leaflets are readily available in hospitals and GP surgeries.

In conclusion the interviewee stressed that alcohol and drug problems in young people on the island should be seen in the context of deprivation and health inequalities. It is important to identify the issues young people are affected by and how this affects their emotional and physical wellbeing, attitudes, relationships, criminal activity and achievement in school.

Conclusion

The interviewee confirmed that is drug and alcohol use needs to be been in the context of deprivation which is not isolated to the Isle of Sheppey. When compared to Canterbury and Medway and the rest of the UK the island had no greater alcohol and drug-related problems in young people.

b) Street Wardens

The street wardens were chosen to be interviewed due to their extensive work around the streets of Swale. They also are part of the Anti Social Behaviour (ASBV) vehicle that patrols this area, and can confiscate alcohol. The interviewees felt underage drinking was not a major

problem on the island;-areas such as Deal were believed to have a greater problem. They felt shops had become more vigilant. They drew upon their experiences on the ASBV where the majority of underage drinkers they encountered came from areas such as Faversham or Sittingbourne. They were able to isolate a number of hot-spots on the island as illustrated by the following quote;
"The areas we tend to get are the park near Appleford Drive, the Broadway in Minster, along the beach in nicer weather, the garage areas and play park in Stanley Avenue, are areas where young people tend to hang around." They felt that the majority of "problematic drinking" occurred outdoors and worsened at weekends in the summer months. This becomes more marked in the Leysdown area.

Interestingly they felt that since the closure of a large nightclub the situation re underage drinking had improved, most of this they put down to shop keepers becoming more responsible. They stated that alcohol would be confiscated if underage drinkers came to the attention of the ASBV and felt that younger underage drinkers often obtained alcohol from older youths whereas at 15-16 they believed the tendency was to obtain alcohol through their parents.

Drug use was felt to be a problem on the island mainly in pill-form or smoking rather than intravenous use. The interviewees felt drug use on the island tended to be trans-generational with drug use occurring across second and third generations.
They believed that older teens who used drugs did so in their homes in similar hot spots to those identified for underage drinking. However the interviewees had specific comments to make about those areas on the island vulnerable to drug use.
"This is not widespread and is in small pockets in the area which makes it more noticeable.
I know Sheerness is worse than perhaps Rushenden and Minster. In Sheerness the alleyways are the most problematic as well as the Marine Town area. It is anywhere they can tuck out of the way. The other place that I noticed is in Warden Bay, - the end of Donkey Hill with the wooded section where people take their dogs. There have been incidents of people burning their drugs in foil but it is out the way and they can get away with it up there. Again this is more during the summer months because its warm and dry. If it's tipping down with rain they can't burn anything and so they will go find somewhere else where they can tuck away under cover and out the way."
I think more outside but it depends upon what type of drug they are taking. If it is cannabis and mum and dad are out, they do it indoors, sometimes even their parents know. If they are at the older age range, say up to 20 years old they could have their own place. If it's something they know they should not be doing it's more likely to be done down alleyways tucked away, since the Council have installed the gates it hasn't really improved. There used to be problems around Woodys and around the windmill. You do notice it, I mean you see people walking around who are obviously under the influence but where they use the drugs, I don't know. "

Conclusion

The interviewer confirmed that alcohol problems were not a major concern. There was a perception that often problems were presented by young people coming on to the island from the mainland. Also often parents were supplying the alcohol for underage drinkers. If anything the problems presented by drug use were more entrenched because often they were present over two or three generations of the same family.

c) **Interview with Community Safety Partnership Representative**

The interviewee works for the Swale Community Safety Partnership (SCSP), which brings together the police, PCT, fire and rescue services councils and local authorities in order to deal with anti-social behaviour across Swale. As well as reducing crime the partnership aims to reduce the fear of crime, tackle the causes of crime, understand local problems and reduce re-offending. The SCSP regularly conduct their own data collection but this is also provided with data by

partners, such as neighbourhood policing teams.

An important feature of the SCSP is the anti-social behaviour vehicle. This vehicle is manned by council street wardens alongside a Police Community Support Officer (PCSO). A regular patrol goes out on Thursday, Friday and Saturday nights between 3pm and 10pm, and has been in operation for nearly a year. During warmer months and school holidays issues of underage drinking seem to increase, and the patrols are increased and targeted to respond to these changes. For example during Halloween the patrol went out on the Sunday and additional evenings during the school holidays. The SCSP assigns the Anti-Social Behaviour Vehicle (ASBV) to hotspot areas where there are known issues, not just relating to underage drinking. The team has powers to confiscate any alcohol. Unfortunately there is not enough data to accurately compare the levels of alcohol confiscated between the various areas of Swale but the interviewee felt that the figures were roughly similar across Sittingbourne, Faversham and Sheerness. The interviewee stated that the ASBV had confiscated “huge amounts of alcohol” and had little doubt there was a problem with under-age drinking in the targeted hot-spots.

As discussions developed the interviewee showed concern for the young people who spend time on the streets drinking, highlighting a couple of incidents where individuals have been intoxicated enough to need to be escorted home. The perception was that whenever a question was asked about under-age drinking it was always seen as a problem throughout Swale. Test purchases are made by trading standards in the area, however the interviewee explained that there isn't enough intelligence to suggest that test purchasing is widespread and when these purchases have been carried out, individuals have not been caught. Despite this the SCSP get reports from adults saying that they have been approached by young people to purchase alcohol on their behalf. One particular area was seen to suffer from this particular problem is a supermarket in Minster, and the car park behind it. In this particular area the problem is seen to stem not from underage purchases but from proxy sales through intimidation. Another hotspot was Beachfields Park, where drinking is seen as a social activity.

The possible reasons for drinking were not seen to be specific to the Island. Parents are seen to have an influence on their children's drinking behaviour. The interviewee has heard of incidents where young people have obtained alcohol from the family to take out onto the streets to consume but stressed that this was not across the entire area.

Issues of young people drinking outside are not reported frequently to the SCSP by members of the public. The SCSP also conducts a quarterly survey of resident perceptions on anti social behaviour, one section of which focuses on drunk/rowdy behaviour and teenagers 'hanging around.” There is a perception that if teenagers are hanging around they are going to be drinking and this is particular true in the summer months. However despite the fact that the last set of figures suggest it has become worse, the perception of the interviewee was that there had been little change.

The SCSP are not told the specific details of some police operations but are advised to focus on consolidation in key areas. This involves work based within the community to reassure residents. However obtaining feedback from the target community can be difficult as illustrated by the following quote. “We haven't really had that much feedback from the community, I mean, when I had this area in Minster I went to a Parish Council meeting, I put on a talk, I done some door knocking, that sort of thing but nobody really had any concerns.”

Public meetings are seen to be an ineffective means of reaching the community as they are only regularly attended by the same residents. Efforts are being made to 'reinvent' community meetings, such as those held in each quarter by the police. Also emphasis is now being put into following different avenues for the community to get involved, for example through websites, email, twitter etc but to date there has only been a minimal uptake of these new avenues of

communication.

The SCSP has also collected questionnaire data for their strategic assessment report, in order to assess the top priorities of the public. Roughly five hundred were completed, (but this data was Swale-wide) where the top three priorities were nominated that could include, alcohol and drug misuse but this was not subdivided to provide information as to whether the problems were caused by young people. The current position regarding the drug and alcohol problems was summed up as follows; “there are a fair few people who said it should be a priority but not that many. Its a bit weird really, it depends on who you speak to whether they think it should be a priority”.

Some of the top priorities in the survey were seen to be parking, speeding and having police more visible. However within focus groups conducted by SCSP alcohol and drug misuse was seen to be the biggest concern. The older population were more likely to be engaged, with the average age of focus group attendees (n=11) being roughly between 50 and 60,(the youngest was 28) and the majority of those who completed the questionnaires were 60 or 65+ despite best efforts to target younger people. The interviewee explained how the questionnaires (online) were distributed via email networks at the events they have attended but most of the people attending the events were older and the people willing to fill in these questionnaires tended to be a bit older. A link was sent to the website to all the schools in Swale and asked them to put it on their intranet or circulated it to all their students but there was no feedback from schools as to whether this was done.

Young people’s drug use is seen to be more difficult to gauge than alcohol, as statistically drug use is not broken down by age. The interviewee was not as familiar with the Isle of Sheppey as Sittingbourne and thus could not identify any particular hotspots where drug taking occurred. However there was a high rate of acquisitive crime on the island such as burglaries on the island which tend to be connected with drug use. The interviewee felt that there is a lot of peer pressure from other young people to encourage drug use. There is a large amount of educational provision within schools to help young people make informed decisions about drug use. However the interviewee felt that this work can easily be undermined if family members and relations are regularly using drugs, as this can be seen as “normal” behaviour. Recently there have been a number of drug raids on the island which have been given widespread publicity but there had been little feedback to the SCSP as to whether this had made the residents more concerned. Key localities mentioned in the interview where there has been input from the SCSP re drug use (often involving re-assuring the residents) are Sheerness Town Centre and Harps Estate in Minster.

Public views of what types of problems are most problematic are mixed. Focus groups have been held with members of the community. Issues such as teenagers hanging around, and drug and alcohol misuse were highlighted to be relatively big problems in the focus groups. While in the questionnaire responses, it was recognized that alcohol and drug misuse was an issue but from the snapshot; parking, speeding and having the police more visible ranked above alcohol and drugs misuse. The interviewee felt that it depends on the type of individual you speak to and also whether they would report it or not – “whenever you ask for someone's opinion on 'do you think alcohol or drugs misuse is problematic?' they would answer yes but I don't think they would report it. I don't quite get how we are going to get around it”

Conclusion

Hot spots were identified where underage drinking was common place, but there is some doubt as to extent of drug and alcohol-related anti-social behaviour. Meaningful community engagement appears to difficult to achieve, especially amongst the younger populations. Public meetings are not seen to be particularly effective and efforts are being taken to encourage attendance and new avenues for people to contact SCSP partners.

D) Representative of young peoples services for KDAAT

Kent Drug and Alcohol Action Team (KDAAT) commissions services for drug and alcohol misuse services for residents living in Kent. It has a number of key roles including: conducting needs assessments for substance misuse services, planning and procuring services, monitoring performance and outcomes of early intervention and treatment services, communicating plans, activities and performance to key stakeholders and working with partners to deliver national and local priorities and targets. Commissioned services are provided for both adults and young people. The interviewee was a representative for young people's services.

The discussion opened by examining the causes and extent of under-age drug and alcohol use. Nationally fewer young people are using alcohol and drugs but those who do are using them more frequently and in greater quantities. The interviewee stated that 'young people's problematic drug and alcohol use is very closely linked to social deprivation.' When compared to other areas in Kent, Swale has high levels of deprivation and the consequent social problems, thus there is a high level of need, with Sheerness West being one of the five highest areas for alcohol related harm in Kent. However, Swale does not have the highest number of referrals to treatment services for Kent.

The interviewee stated that there are other factors, which make some young people vulnerable that were often linked to substance use, such as parental misuse, being in care, or disengaged from the education system. The *'Children and Young People of Kent survey'* found that young people who have poor aspirations, see a negative personal future and lack strong friendship groups are more likely to get drunk.

The next topic was how substances were obtained. The interviewee highlighted that nationally young people often obtain alcohol from their parents, (sometimes parents were not aware their alcohol was being used) but felt that efforts in reducing off-sales were still necessary.

Illicit drugs are likely to be obtained from individuals of a similar age or from older siblings. The interviewee said that the most commonly used drug by young people was cannabis. KDAAT does not see many young people accessing treatment services with ecstasy as their primary drug of abuse, but it was used and relatively cheap. A common concern is that cannabis was a gateway drug for 'harder' drugs such as heroin, However, the interviewee believed that there was a separation of drug markets, which makes this far less common than often feared. Other drugs were then touched upon; there was some cocaine and prescription drug use by young people, though as regards prescription drug use the interviewee felt they were often not aware what they were taking. Currently it is too early to understand the extent of legal highs but there is some evidence of small amounts of mephedrone use in Kent.

The term 'problematic'

The interview concluded with the discussion of the term 'problematic' when used in the context of alcohol and drug use. The interviewee highlighted that the definition of 'problematic' needs to be carefully considered as it varies between individuals and agencies. The general feeling was that where possible young people should be diverted from substance use specialist services if this was possible. KDAAT's definition consists of both harmful levels of alcohol use whether that is associated with consistent use or binge drinking or other vulnerabilities. A holistic assessment is carried out to identify whether young person is a problematic user who would benefit from specialist treatment services at this stage. This needs to be done in a systematic manner as there is the risk of a young person being labelled as a 'problematic' drug and alcohol user, and accessing treatment services not appropriate for their needs. Instead young people's substance use can usually be managed at a lower tier of prevention that also gives the user the opportunity to access other services to help with other possible issues in their lives. These forms of prevention, the interviewee felt make a large impact as is illustrated by the following quote;

'getting young people engaged in positive activity and helping them move from adolescence into adulthood through employment, offer training opportunities because most young people will moderate their drug or alcohol use as a result of having something useful and purposeful in their lives.'

The discussion then examined how young people sometimes use alcohol in order to feel able to cope with the complexities of adolescence. The services KDAAT commission make efforts, when talking with young people, to understand some of their culture as well as trying to change their use. This opens up new avenues of support to help young people cope with growing up without turning to drug or alcohol use. It is important to understand that often alcohol and drug use in young people serves a coping function and if it is taken away something positive has to be put in its place.

The interviewee believed that the definition of problematic from a research perspective deserved some comment. There was a danger of demonising young people, projecting the problems within the community onto them. Naturally residents who are affected by the recreational habits of young people in their area will see it as a problem. However often young people have valuable insights about substance use in their communities but their views are rarely called upon.

Conclusion

This worker spent most of the interview discussing alcohol use but also confirmed that the main drug of choice amongst young people nationally was cannabis. It was noticeable that the interviewee was concerned that young people's drinking was seen in a wider social and familial context and that for many it had a strong coping focus. There was a great deal of discussion around what was seen as "problematic substance use" by the wider community and professionals not being recognised as such by young people. It was also noteworthy that there appeared to be a drive to divert young people with drug and alcohol problems away from traditional treatment services by offering early interventions and linking treatment with other more "holistic" interventions.

e) Interview with local youth worker

The interviewee has been a resident on the island for a number of years and works with young people on the island. As such s/he can provide insights into the trends regarding young people's drug and alcohol use over recent years. Drinking was most likely on Friday and Saturday nights in the age range 12 to 19 years. The interviewee cited a number of ways that alcohol is obtained such as: from older people (siblings, friends, strangers of family), parties, shops, or in some cases stealing.

Several drinking hotspots were named such as: the Bunny bank, the Glen, the Redrow Estate and car park in Halfway and Sheerness town centre. Bartons Point has become more popular recently with groups of young people having 'outside parties' and using it as a meeting place. These were also cited to be spots for drug taking, such as cannabis (again perceived to be the most popular drug on the island), with more 'harder' drugs being used inside houses. The rising popularity of Facebook has made it easier for young people to network and organise such meeting points to facilitate alcohol and drug use.

The wider perception was that drug taking and drinking amongst young people had worsened, however the interviewee felt it had remained the same and may well have lessened. The interviewee felt that it was unfortunate that many young people have some role models that promote alcohol use, so that drinking from a young age is acceptable and encouraged within their family or peer groups, it can almost be seen as strange if they didn't drink. This problem is coupled with the feeling that the Isle of Sheppey has developed a bad reputation throughout Kent which the interviewee felt normalised alcohol and drug use for young people on the island.

The interviewee believed that drugs were usually obtained from houses known for dealing and had heard of some incidents of young people being runners, taking drugs to other locations. The interviewee did admit their knowledge on this subject was not particularly robust with knowledge being largely anecdotal.

The discussion then moved on to a discussion concerning how the outreach team regarded alcohol, and drug use in young people on the island. Again the perception was that the problem had lessened during the past 12 months. Public use of cannabis in the Rushenden had been noteworthy but this too appeared to be in decline, though the reasons for this are unclear. One possibility is that young people who were actively smoking cannabis were/are engaging less with the detached youth workers as they grow older. Group dynamics change as young people progress into adulthood and a new cohort become engaged with the youth workers, and this group are not seen to be using drugs. 'Some of the young people that used to take part in drugs that used to hang out with the older ones they are still with us but I don't see them smoking a lot now because I suppose they haven't got that example around'.

For the most part the interviewee felt that young people are probably aware of the services available, with websites such as Talk to Frank being quite popular though there is scope for greater resources to be used and more professionally trained drug and alcohol workers.

It was acknowledged that there have been more community centres created in areas such as Eastchurch and Warden Bay but there was some discussion as to where locate and target further services on the Island. There was scope for greater provision in the more remote parts of the island, especially the Eastern end which was regarded as particularly poor. Other areas which were seen as potentially beneficial were more professionally trained workers having greater links with schools during “family unit time” possibly in partnership with a youth worker and greater outreach work to provide information and advice.

Conclusion

The youth worker acknowledged that drug and alcohol using activities are related to time and space across the Island and there were a number of noticeable 'hotspots'. Cannabis was seen as the most common drug taken but public consumption seems to have declined in the last year. As with other interviews the influence of a role model was seen to be an important factor. If such role models are seen to be misusing substances and are not actively discouraged then young people are more likely to emulate this behaviour, seeing it as normal. The interviewee felt that young people are aware of the possible services and information due to sites such as Talk to Frank but felt there was a need to provide greater information about locally available resources, particularly targeted at the more remote parts of the island. This coupled with further partnership work between the youth services and professionally trained drug and alcohol workers would be of benefit.

F) Sheppey Academy

This individual holds a senior position at the Isle of Sheppey Academy. The Isle of Sheppey Academy opened in September 2009 when the island’s education system changed from a three tier system to two-tier. This institution is based on two sites, one in Sheerness and the other in Minster. One of the aims is to build strong community links and it has relationships with the local police, one officer is based on the Minster site. Thus the interviewee can comment upon issues that may affect the wellbeing of both students and staff.

The interviewee was told by local police officers that there are incidents of antisocial behaviour, with alcohol, on the island involving some Academy students. There are hotspots where young people congregate to drink, as it is very much a social activity, but there was no evidence that the situation had worsened (or improved).

The Academy rarely sees incidents of drinking or drug taking on site with only one incident since its opening in September 2009, where a female student consumed vodka mixed with orange on school premises. She was clearly intoxicated and obtained the alcohol from home. The interviewee noted that often it is older individuals who buy alcohol for younger people. The school has a strict policy to deal with such incidents, to ensure health and wellbeing as well as enforcement of rules. Parents are informed and on the aforementioned occasion the student was excluded. This policy is coupled with continual monitoring by pastoral staff for signs of further use. The incident was seen as a one-off, as there is no record of such behaviour before and it was her birthday. However policies were still strictly enforced.

The interviewee had been informed by the police that drug use, was similar to other areas around the country and it was not a prolific issue on the island among young people. This was in the context of a number of recent drug raids which have taken place across the island. However drug raids are seen to be very rare and these took place with full press coverage being used to demonstrate that the police are taking action. There was a short discussion concerning drugs coming on to the island and subsequent distribution but there was little to indicate young people were connected with this. It was acknowledged that there is a culture of drug use among certain groups of young people where their lifestyles almost celebrate drug use ' I think students who are into a certain sort of dress, lifestyle, music choice, will find themselves drawn towards the drugs that maybe are associated with that lifestyle whether it be cannabis or you know cocaine'

Drugs were believed to be obtained through older siblings who have knowledge of where to obtain drugs, ' certainly not from the parents I would be very surprised if it was the parents'. The interviewees perceptions can be summarised in the following quote: 'I think most communities know where you can go and get drugs from if you were that way inclined' the interviewee also felt that many people would know of someone who would know where to source drugs even if they didn't use themselves. Both alcohol and drug use were seen as a social activity, with solo use more common with those with addiction problems. However as it was a social activity there was risk of an individual getting 'dragged' into it through peer pressure.

The academy does not receive direct reports of drug or alcohol use from either the public or students themselves. However efforts are made to counter these issues through education during PSHE lessons, which encompasses all aspects of healthy living. The interviewee accepted that these efforts were not going to work for every student. The biggest complaint that the school gets concerns young people, specifically 6th form students smoking. The Academy is a strictly no smoking site which means often students will do so outside the gates during break and lunch times. Members of the public often contact the Academy as it promotes a negative image. Efforts to move smokers promoted further complaints as it was simply moving the issue and not resolving it. The interviewee stated that an ideal situation would to prevent it through education however this is extremely difficult. The interviewee acknowledged that statistically there must be students and some staff who are recreational drug users, due to the large numbers in question.

When discussions turned towards solutions and initiatives the interviewee felt strongly about the powerful influence of talks held by reformed users. The message isn't seen to be as strong when it comes from a teacher or book. It puts substance use into context in a way that isn't glamorous, which is often seen when alcohol is marketed. The interviewee felt that images of celebrities drinking, smoking etc. held more influence than warning messages on the packaging. Big supermarkets could also do more in terms of raising alcohol awareness. However he sees this is unlikely to happen as alcohol is a good way of making a profit. The interviewee sums up the problem with this quote 'I think the way that it is marketed, the price of it, cheap supermarket offers I think it makes alcohol very very accessible.'

Reflecting upon previous experiences in other schools, there have not been many incidents of drink or drugs both on the island and elsewhere. Very rarely does a student bring their weekend habits into school. The interviewee acknowledged that there are times the students can be heard in

class following the weekend talking about what they drank but he felt that 'a lot of kids are much more sensible than some people think and I know young people get demonized a little bit because for every kid out there who is drinking a can of larger and throwing it at a car that goes by there's 10 either sat at home doing something else or playing sport. So its got to be kept in perspective.'

The interviewee discussed how there are mixed messages concerning young people and anti social behaviour in the area. This is affected by age, place and time of year. The interviewee assumed that in the more tourist-orientated areas of the Island residents would see more issues of antisocial behaviour during the summer months.

Conclusion

The interviewee maintains close ties with local police officers in order to keep aware of local trends on the Isle of Sheppey. The Academy does not see complaints from the public regarding its students drinking or taking drugs, only smoking cigarettes. There has only been one incident within school since its opening. However the Academy still takes a positive stance on the education of health and wellbeing. It was acknowledged that older students and even staff may take part in recreational use during the weekends but do not bring it into school/workplace. The media is seen to be a strong influence on young people and supermarkets should make extra efforts to promote a sensible drinking message for young people.

Volunteer Involvement in the Project.

The project had two extremely committed and capable volunteers who took forward the project. With such small numbers training sessions/workshops were not viable and thus training largely took the form of discussions with the volunteers as to the best methods of facilitating the pilot projects (see volunteer projects) and equipping them with the necessary skills to carry them out. The volunteers were in regular contact with Kelly Barshell who in turn was in regular contact with Dr John Foster. On two occasions Dr Foster conducted seminars with the volunteers.

Public Health Workshops

To date one public health workshop (Social Marketing Training Day) took placeat the Medway campus of Greenwich University. The aim was to invite 60 people, academics and local stakeholders alike, - in practice the audience was just over 30. However this contributed towards the success of the day. The majority of the participants came from the island allowing for the day to focus upon island issues using first-hand knowledge of the area. This proved invaluable in taking forward some of the aims of the project. An added result of the public health workshop was the valuable links made that helped to facilitate the project.

Another workshop (1 day workshop held on two days) held in early December 2010 was concerned with facilitating greater levels of community engagement. Unfortunately this coincided with heavy snowfall and attendance was disappointing. However once more all the participants came from the Swale area and in consequence useful information could be shared and networks encouraged.

Volunteer Projects

There were two pilot projects a) student survey; b) resident survey..

Following meetings with both head teachers of the Isle of Sheppey Academy permission to undertake a student questionnaire was given. This questionnaire was aimed at students in Year 10 or above and surveyed 400 students in total. The questionnaire was distributed in the later part of September, as suggested by the Head teachers to allow for students to settle following the summer

break. The volunteers were given training and were eager to assist in the data collection. One of the volunteers (resident of the island) was able to use the data collected in this survey as part of her MSc in Public Health at Leicester University

The second project was a resident's survey. This survey was created by the volunteers using tools that had been used in similar work elsewhere. Unlike the student questionnaire the resident's survey left room for qualitative answers to explore their perceptions of the problem. The volunteers carried out a brief pilot of the questionnaire themselves and altered it following the results of the pilot study under supervision of the project team.

Use of the Media

The project team had a small media launch at which the research team were photographed and briefly interviewed by the members of the local press. In addition Kelly Barshell appeared on Bridge FM to choose some of her favourite records and to publicise the work, mainly to call for volunteers to help on the project. Numerically the response in terms of numbers of volunteers was disappointing but two excellent local volunteers became aware of the project through this work.

Dissemination event

The final event took place on May 27th 2011. It was held at the Blue Town Heritage Centre and was attended by key local stakeholders from such bodies as Kent County Council, the police, the local primary care trust, drug and alcohol commissioners, the Sheppey Academy, statutory and third sector alcohol, drug and youth organisations. During the event, members from these organisations were all supportive of the work and agreed to engage in an on–going dialogue on how best to take the work forward.

A DVD describing the project was also launched during the dissemination event. The content of the DVD was aimed at a public health professional audience as well as those working in the voluntary sector. The final product included a description of the project, comments from members of the project team feedback and opinions from a number of young people on the island, and footage of the dissemination event with subsequent interviews.

The final result will be shortly available in a series of pod/video casts that will be uploaded on to the web sites of Centre for Nursing and Health Care Research – University of Greenwich http://www.gre.ac.uk/schools/health/research/cnhr and Sheerness Healthy Living Centre. http://www.sheppeyhlc.org.uk

Discussion

Summary of Findings from Publically Available Data

The local area alcohol profiles confirm that compared to other areas of the country Swale has fewer alcohol-related problems. However if the indicators of alcohol problems are looked at more closely the following variables are of note “mortality from land accidents”, “months of female life lost,” “mortality from chronic liver disease (female)” and “high risk drinking”, clearly drinking in women on Swale merits further investigation. Another area of concern from the local indicators is the number of alcohol related hospital admissions (both male and female) and similar data for young people under eighteen. Further research is required to establish whether the high level of alcohol-related hospital admissions is a reflection of comparatively large number of very heavy drinkers on the island or an indication that services are not able to intervene before a health crisis is reached. Another possibility is the primary care service configuration is not set up to detect chronic alcohol users or that there is a general lack of confidence in GPs when dealing with this client group. Another question to be addressed is what other services are being provided by community services or the third sector and do they tally with the needs of the islanders both adults and young people? It is however worth noting that overall alcohol consumption and problems in young people are falling but there is a small proportion drinking heavily and putting themselves at risk.

More precise hospital admission data confirms that there is a disproportionately heavy health burden presented by the residents of the island compared to the rest of Swale (though there are limitations to this data that have been discussed in the findings section). This is particularly true for hospital admissions relating to “mental and behaviour disorders resulting from psychoactive substance use”, “the toxic effects of alcohol” and “assaults”. However once again we cannot discern whether this is a function of a significantly higher severity of problems than the rest of Swale or due to lack of service provision. To date it has been harder to obtain crime data but figure 2 suggests that Swale presents a higher alcohol related health burden than criminal justice burden. One of the deficiencies that has become apparent to the research team is the lack of criminal justice/police data that allows linkage to be made between anti social behaviour and either drug or alcohol use.

Possibly because the activity is illegal it has been far harder to date for the team to obtain objective publically available data for illicit drug use. Thus to date the majority of evidence to date is anecdotal though the cyclical schools survey suggest that young people in Rural Swale feel more unsafe due to drug use compared to those in the rest of Kent.

Young Peoples Survey

In total, 400 students aged 13 or over who attended Sheppey Academy took part. There was a slight over-representation of females responding (58% compared with 42%), after the gender balance of the school population was taken into account. The majority of respondents were aged between 14-16, the mean age being 14.8 years. The great majority (96%) classified themselves as white British or white English.

Eighty-two percent of participants had drunk alcohol at some stage, though the pattern was infrequent drinking and only just over 10% drank within the past week, and 25% had not drank in the past month. Two thirds of participants scored below 8 on the AUDIT test (a score of 8 or more is considered to be indicative of harmful or hazardous use in adults). One possible conclusion from these results is that approximately one third of the respondents had an alcohol problem, however, caution should be exercised before making this assumption. Whilst the AUDIT test remains the gold-standard for measuring alcohol consumption, it has been criticised on the grounds that it does not adequately measure “heavy episodic drinking” (HED). This is a common pattern of drinking in many young people and so the AUDIT test may not be a particularly valid measure for this group. To date, no measure has been developed and tested that adequately assesses HED.

The most commonly encountered problems on two or more occasions were “having been sick” or “getting into an argument”. Only a small number (less than 5%) had experienced more major problems on two or more occasions. These problems included fighting, A&E admissions, hospital visits, injuries or trouble with the police. The trend was for young people to have more contact with the police than medical services (approx 20% v 5%). The figures for the police confirm later data from focus groups that the police have an active and visible presence on the island.

Drug taking was less common. Eighty-seven percent of respondents had never used illicit drugs of any variety, and a further 10% had used drugs only once or had ceased using them. The most commonly used drug was cannabis (used by 90% of those who had taken a drug).

Overall the findings are consistent with a picture of the majority drinking but with a much smaller number taking drugs. The figures suggest that only a very small number have problems with either alcohol, drugs or both. However there was a significant association between hazardous or harmful drinking behaviour and frequency of drug use. Those who engaged in higher levels of potentially hazardous or harmful drinking behaviour were more likely to use drugs regularly. One of the tasks of future research and practice is to identify them so that interventions can be targeted to dissuade this group from drug or alcohol use and anti-social behaviour, whilst also offering the option of therapeutic interventions

However only a very small number of 18 and 19 year olds participated in the study, despite a number of attempts being made to target them it is impossible to make generalisations involving substance use in this group.

Residents Survey.

One hundred and nine residents on the island completed an internet survey. A number of attempts were made to publicise the survey using such tools as face book, twitter, local newspapers and publicity leaflets, with such a small sample and any conclusions have to be tentative. Notwithstanding this with the exception of Leysdown the responses from each area were broadly in proportion with the population levels, and not surprisingly the majority of responses were from Sheerness and Minster. The general trends were that the residents of Sheerness had greater concerns than those from Minster. All age categories were represented with the majority 18-24 and over 60. Nearly 80% of the sample had some level of concern with anti-social behaviour, despite this only a minority of participants felt unsafe during either the day or night. Consistent with this the majority did not feel their local area had become worse over the past 12 months.

Whilst drunk or rowdy behaviour was one of the main concerns it was at the same level as rubbish or litter or “people not treating other people with respect and consideration.” Those over 60 were the age band who had the fewest concerns with drunk and rowdy behaviour and drug use and dealing. The age band 18-24 had the greatest concerns with drunk and rowdy behaviour and drug use and dealing.
Just over 40% of the sample described themselves as having experienced anti-social behaviour of these, and a quarter of these failed to report it. The main reasons for not doing so was that they did not believe the authorities would do anything to address the matter. This is consistent with some of the discussions in the young people’s focus groups which would welcome a greater police involvement and interviews from stakeholders in the community safety partnership who confirmed that they have at times found it difficult to get residents to report anti-social behaviour.

Finally alcohol problems were seen as a problem on the island for all age groups over 18. Drug use was seen as a greater problem than alcohol. The only age group where equal to or less than 33% of the participants had a fairly big or very big problem with drugs were under 18. Over 90% of those 60+ saw drug problem as a fairly big or very big problem. The general trend was towards the youngest age group reporting the fewest level of alcohol and drug problems is not consistent with some of the focus group data. It is possible that the experience of young people below 18

who responded to this survey are not representative of many young people under age of 18 on the island.

Data from Focus Groups

Two focus groups were held with young people on the island, the first were a group of sixth formers from Sheppey Academy (Group A) and the second a smaller group of 15-16 year olds who were at risk of school exclusion (Group B)- both were mixed gender. Both groups confirmed one of the main findings from the survey which has already been previously discussed that alcohol use was common place. Drug use was far less common- indeed drug use and drug users were disapproved of by the participants. One of the reasons put forward for this would be that it would impact on future career prospects. If these participants had used any drugs, it was almost inevitably cannabis. Interestingly alcohol was seen as a more cost effective way of achieving a pleasurable effect than cannabis. In both groups street drinking was rare but alcohol was easy to obtain, often from parents, older friends or siblings, though they did use off-licences who they knew would serve them. We will highlight the discussion from Group A and add any further insights from Group B.

Group A tended to drink alcohol "to be with friends" and "out of boredom" and some female participants described drinking as a form of stress relief. Another interesting trend that may help to explain the survey finding that very few young people reported getting frequent adverse consequences from their drinking was the fact that respondents reported learning from adverse experiences and not wishing to repeat them. In fact some felt they would drink less when they were legally able to drink.

A number of suggestions were advanced to alleviate boredom, these chiefly consisted of providing shops and fast food restaurants young people would be likely to use such as KFC and Primark. A number of activities such as paint balling or attending gymnasiums or sports clubs were also put forward, but there were two barriers, one was cost and the other lack of public transport (especially affordable buses) on the island. Youth clubs tended to be discounted by this group because they were seen to be aimed at younger age groups.

A number of comments were then made about the police. The majority of participants were female and they described a number of areas where they felt unsafe especially at night. They would welcome greater police presence, especially policemen and women rather community support officers who were seen as "plastics" and having little power. Some had alcohol confiscated by the anti social behaviour vehicle and received a verbal warning but otherwise there had been no sanctions. Interestingly they too would welcome greater police involvement and in particular reporting alcohol seizures to their parents and guardians.

The participants were then asked to reflect upon their experience of drug and alcohol education at school. All saw it as limited, basic and having little effect. They described, watching videos, completing worksheets and putting on beer goggles, but felt that interventions that spoke directly to their personal experience would have greater effect. Discussions "about what could happen" as a consequence of intoxication were felt to be relevant and they alluded positively to an intervention they had heard of in Canterbury called "Licence to Kill." In this programme families affected by road accidents and convicted drivers recounted their experiences. The participants believed that getting in touch with the emotions of these families and drivers would help them reflect upon their own behaviours.

Generally drink and drug use on the island was not regarded as more serious that other parts of Kent they frequented.

Much of the discussion in Group B was consistent with that of Group A. Drinking was far more commonplace than drugs, and most got their alcohol through their parents, who were seen as a positive and restraining influence. If this group did encounter problems it was when they were out with their friends and these tended to be becoming ill or falling over- though like Group A they were

able to learn from adverse experiences.

On the few occasions they had taken drugs they had not found this to be a pleasant experience. As a result of these experiences and their general knowledge concerning the health implication of drug use they no longer used drugs. Parents were regarded as being tolerant to one-off drug use and saw it as “part of growing up” and so long as it did not continue no further action tended to be taken.

Similar comments were made about the lack of entertainment and cost/non-availability of public transport (Warden and Leysdown were specifically mentioned), the need for greater police presence in some areas and lack of impact of drug and alcohol education. None of the participants felt they would know what to do if either they or someone around them became ill or overdosed as a result of their substance use.

Data from the Stakeholder Interviews

The interviews suggest that rather than being spread throughout the island there are “hot spots” of anti –social behaviour implicating young people. However as previously mentioned we do not have the data to conclusively link this to alcohol and drugs, but there is a perception that these have lessened since the greater use of anti-social behaviour orders and the closure of a night club in Sheerness. Table 9 shows the “Hot Spots” and most are around beaches parks etc and Sheerness town which confirms the findings of ICE (2009) and suggests that anti-social behaviour may be subject to seasonal peaks. A number of the interviewees also made comments to this effect and this is an area for future investigation.

There seems to be mixed feelings about whether drug and alcohol use among young people on the island is deemed to be problematic or not. A number of interviewees felt that drug and alcohol use on the Isle of Sheppey is no greater that other areas of Kent and were at pains not to label the island. Other areas were cited as having a greater problem, such as Deal, Faversham and Sittingbourne. It was felt that there is a small minority of people presenting with anti-social behaviour and some of these may come from outside the island. The representative from the Community Safety Partnership provided some support for this but did state that when the anti-social behaviour vehicle had visited various “hot-spots” on the island “huge amounts of alcohol” had been confiscated. The interviewee also confirmed much of the data from the resident’s survey. The interviewee felt there was a reluctance to report anti-social behaviour and described some of the attempts to engage the community in a meaningful way, especially the younger age ranges (18-35), including use of technologies-however there is still work to be done in this area. For example at the time of the interview no one had been found selling alcohol to an underage drinker through “test purchasing” but there have been a number of anecdotal reports of adults being approached and intimidated by underage drinkers attempting to persuade them to buy alcohol on their behalf.

There have been numerous references to the fact that Sheppey is a small Island community, and any problems that do occur are highly visible due to the close family and friendship networks that exist. Sometimes perceptions of a problem or incident can be exaggerated due to information being passed on from person to person. It is possible the local media in order to get sufficient copy may report comparatively small incidents of drug and alcohol misuse that would otherwise go unreported in other areas.

Alcohol is seen as more of a problem amongst young people than drugs, as it is easier to purchase and is affordable, with one individual stating that ‘alcohol is more dangerous than drugs because it leads to violence’. Binge drinking has been highlighted as possibly the most problematic form of drinking for young people on the island, especially so when outdoors. The perception is that this escalates over the weekends and summer months and is an area for future investigation. Stakeholders believe that youths of roughly 13-14 will have older peers who

purchase the alcohol on their behalf but this is difficult to prove. As they get older, parents start purchasing alcohol for them, while this wouldn't be an issue if it was being consumed within the home under parental supervision much of it is taken onto the streets with or without consent and shared with peers. This too is consistent with the findings of ICE (2009). However, interviewees have been quick to note the regular reports in national news reflecting that this is not just a local problem and in the majority of cases it is young people experimenting with alcohol as previous generations have done. It is worth noting that the interviewee from Sheppey Academy only described one occasion when a student/pupil had been intoxicated on school premises.

The island is seen to be a very 'close knit tight community', with drugs being a 'way of life' for some. The interviewee from the Community Safety Partnership could not comment definitively but did state there is a high rate of “acquisitive crime” on the island which is often associated with drug use (chiefly heroin) and if this is the case it is likely to be a small number of people creating a disproportionate problem. The main drug of choice is cannabis (not associated with acquisitive crime) and this is confirmed in the school survey and focus groups. Only a small percentage of young people had ever used drugs and an even smaller number did so regularly. The conversation in the focus groups indicated that drugs and drug users attracted disapproval and a degree of stigma. Drugs problems were perceived by the stakeholders to be cross/inter-generational, with parents or even grandparents using them in addition to the young person. - Regular users often came from drug using families. These young people are brought up where their only role models are regularly misusing substances and emulate these habits. Sheerness and Marine Town have been highlighted as the most problematic areas for drug use where there are many alleyways that allow for individuals to conceal themselves. There are other spots that have seen low levels of drug using activity, such as wooded areas. Those who have shown concern over a drug problem often refer back to experiences and incidents back in the 1980/90's. The perception is that drug use has fallen since the closure of a local nightclub. It is also likely that drug dealing has also become more difficult because it has become more visible. There was an interesting perspective provided by the youth worker who felt new technologies such as facebook can be used to facilitate drug dealing/use and under-age drinking. The interviewee also made the point that the problems presented by alcohol or drugs have to be seen as dynamic, with some users ceasing substance use whilst a new group may come along which present a different form of challenge such as greater use of social networks. Thus it is important for bodies such as the police and DAAT or PCTs (or equivalent) to collect regular data on the street that provides insight into the changing culture.

Many have explained that many problems with the Island are due to the high levels of unemployment, low aspirations, little affordable leisure facilities and a lack of transportation. Adults who experience this might have little else to do other than to drink or to use drugs. This has been seen as a contributing factor to the way young people drink and eventually lead to substance misuse.

There is one major omission from the stakeholder interviews and this is a representative from the local police. Despite repeated requests and emails we were not able to fix a date within the study period. The police do have input into the community safety partnership so this goes some way to addressing this omission. However at the dissemination event (which has been described previously) the team were able to make links with the local police and are in negotiations with them to adopt a more formal advisory role once the project has ended.

Addressing the issues:- Further thoughts from the Stakeholder Interviews.

It is clear that there are many different courses of action to take and many reasons why young people drink. There are initiatives in place or soon to take place which aim to address some alcohol/drug- related issues. For example there is the “House on the Move”, this is a bus which visits various locations to work with young people and offer advice on a number of topics including

drugs alcohol and sexual health. It operates primarily from Sheerness beach when it visits the island, which has been highlighted as a hot spot for teenage drinking, and aims to challenge young people's perceptions of drinking and engages them in order to change their behaviours. There is also a Youth Forum and a number of Neighbourhood Rep schemes.

Some interviewees felt that these do not adequately address some of the main causes of youth drug and alcohol use; which are lack of alternative activities, lack of police presence and poor awareness of alcohol/drug-related risks. Other interviewees and survey data revealed that most young people are aware of the dangers associated with misusing substances. There were numerous leaflets from different organisations that offer support in the community although not all were associated with drug and alcohol misuse services. There was a perception held by some interviewees that they were unsure where to seek advice on drug/alcohol-related issues should a young person want it.

For many engaging with the wider community seems to be a challenge in itself. Individuals have noted that there are some willing residents in the area that are happy to contribute in any possible way, however this is a small number. There are a number of ways residents can get involved and raise concerns about their area, such as PACT meetings and neighbourhood 'walk arounds', looking at the area noting what the problems are etc. Unfortunately these are not very popular. Concerns have been raised at the number of public consultations over the years and this has possibly led to residents feeling less inclined to contribute as they feel they are not gaining anything in return. The island is an isolated place and there is a perception held by some professionals that the general population is hard to motivate. Solutions have to be brought to the island population. Another issue that has been brought attention to is the common view that services or professionals are frequently seen as the 'bad guys who know best'.

The Future

We believe that the key message from this study is that drinking and drug use in young people should be seen in the wider context of deprivation, social inclusion, disparate provision of services and not least that the island already presents a disproportionate number of alcohol-related hospital admissions. Therefore the team are now in negotiations with key stakeholders to drive forward the following three key proposed initiatives all of which are designed to reduce overall drug and alcohol consumption in both adults and young people.

Drug and Alcohol Education

One of the key findings from the study was that alcohol/drug education delivered in school was not highly regarded. As part of dissemination event members of the team were able to form key links with members of the Sheppey Academy who fed back that a number of new initiatives have been introduced to respond to some of the comments made in the focus groups. We now propose to secure funding to work with the Sheppey Academy to build upon this initiative by introducing some measures that have been found to enhance outcomes in international research. These are delivery by peers, reinforcement throughout the school curriculum, early intervention including co-ordinating the work of primary and secondary schools. However one of the keys barriers to effective drug and alcohol education is that the messages are undermined by the behaviour and attitudes of parents and adults. To this end we would like to set up a group of parents who can help deliver the programme and work with the wider community to reduce many the assumptions that underpin alcohol use on the island and have at least in part resulted in a disproportionate number of alcohol-related hospital admissions in the island population.

Public Health

One of the main challenges facing the island is a compromised public health status and this is particularly evident in historically poor outcomes in chronic diseases such as obesity, diabetes, asthma and chronic health disease. The high level of alcohol related hospital admissions on the part of the island population is also part of this wider picture. A further confounding factor is the

lack of general practitioners on the island. Recent data (University of York-Centre for Health Economics. 2008) has shown that Swale PCT has the fifth lowest GP provision per head in England and the lowest in Southern England. Thus we intend to consider ways of extending the work of the SOS bus.

This is a public health intervention that has been funded by Medway PCT. A report (West et al 2011) describes the bus and evaluation of the Medway project (available from authors on request). The intention now is to seek funding through public health avenues to use the SOS bus on the Isle of Sheppey with a view to delivering a range of public health interventions to the island population with particular emphasis on the more remote communities, such as screening for diabetes and obesity, taking of cholesterol levels and providing brief interventions to "at risk" drinkers on the island. These interventions may be more acceptable when seen in the context of "public health" and when given as part of a range of public health initiatives. We will also investigate how this and other interventions can be targeted at women on the island for the NWPHO data confirms they present a disproportionate number of alcohol-related hospital admissions.

Councillor Kenneth Pugh, who was one of the drivers of this project from its inception now has a public health brief at Kent County Council and will be a key person to take these proposals forward to public health commissioning personnel within Kent. A number of these stakeholders attended the dissemination event were filmed on the final version of the DVD which will disseminate the findings of this project to different audiences.

Police

It is one of the main frustrations of this project is that despite many requests the project team was unable to interview anyone from the police on the island. However members of the project team were able to meet with key police personnel at the dissemination event and begin to form links with a view to having a more formal advisory role. The data from this study suggests that this would be important, both the focus groups and the survey confirmed that many young people had contact with the police especially when drinking outside.-indeed in the focus groups there were indications that some young people would welcome greater police involvement other than merely confiscating alcohol. Finally it is worth noting the comments of the youth worker who pointed out that the culture of young people's drug and alcohol use is evolving and that social networking technologies such as facebook and twitter may present different challenges in the future.

Other On-going Work

Whilst the project team have been keen to ensure that substance use is not unduly pathologised (notwithstanding legal issues), this should not detract from the fact that there are young people who risk being damaged either by their own substance use or that of others around them. Representatives from both Kent Drug and Alcohol Action team (KDAAT) and Kent Council on Alcohol (KCA) attended the dissemination event and were able to talk to members of the project team. Both will be provided a copy of the full final report and we will be happy to work with them in the future.

Appendices

Appendix 1: Definitions in Relation to Table 1

ID Definition (Should these be put in the Appendix?)

1,2 Months of life lost- males/females - An estimate of the increase in life expectancy at birth that would be expected if all alcohol attributable deaths among males/females aged under 75 years were prevented.

3,4 Alcohol-specific mortality- males/females - Deaths from alcohol-specific conditions (all ages, male/female), standardised rate per 100,000 population

5,6 Mortality from chronic liver disease- all ages males/females standardised rate per 100,000 population

7,8 Alcohol-attributable mortality- males/females - Deaths from alcohol-attributable conditions (all ages, male/female), standardised rate per 100,000 population

9 Alcohol-specific hospital admission- under 18s - Persons admitted to hospital due to alcohol specific conditions, rate per 100,000 population. Does not include attendance at A&E.

10, 11 Alcohol-specific hospital admission- males/females - Persons admitted to hospital due to alcohol-specific conditions (all ages, male/female), standardised rate per 100,000 population. Does not include attendance at A&E.

12, 13 Alcohol-attributable hospital admission- males/females - Persons admitted to hospital due to alcohol-attributable conditions (all ages, male/female), standardised rate per 100,000 population. Does not include attendance at A&E.

14 Hospital admissions for alcohol-related Harm - Hospital admissions for alcohol-related harm: Directly age and sex standardised rate per 100,000 population, 2008/09.

15, 16, 17 Alcohol-attributable recorded crimes - Alcohol-attributable recorded crimes, crude rate per 1,000 population.

18 Claimants of incapacity benefits- working age - Claimants of Incapacity Benefit or Severe Disablement Allowance whose main medical reason is alcoholism, rate per 100,000 (working age, persons) population. (estimates for males aged between 16-64 years and females aged 16-59 years).

19 Mortality from land transport accidents - Estimated number of deaths attributable to alcohol from land transport accidents (all ages, persons) standardised rate per 100,000 population

20 Increasing risk drinking (synthetic estimate) - Mid-2005 synthetic estimate of the proportion (%) of the population aged 16
years and over who report engaging in increasing risk drinking, defined as consumption of between 22 and 50 units of alcohol
per week for males, and between 15 and 35 units of alcohol per week for females.

21 Higher risk drinking (synthetic estimate) - Mid-2005 synthetic estimate of the proportion (%) of the population aged 16 years and over who report engaging in higher risk drinking, defined as consumption of more than 50 units of alcohol per week for males, and more than 35 units of alcohol per week for females.

22 Binge drinking (synthetic estimate) - Synthetic estimate of the proportion (%) of adults who consume at least twice the daily recommended amount of alcohol in a single drinking session (that is, 8 or more units for men and 6 or more units for women).

Appendix 2 Main Stakeholders

Swale Borough Council

Kent Drug and Alcohol Action Team

Swale Community Safety Partnership

Community Wardens

PCT

Kent Council for Addiction

Turning Point

Kent Police

Kent Youth Offending Team

Isle of Sheppey Academy

Connexions

Swale Plus

Swale Addiction Partnership

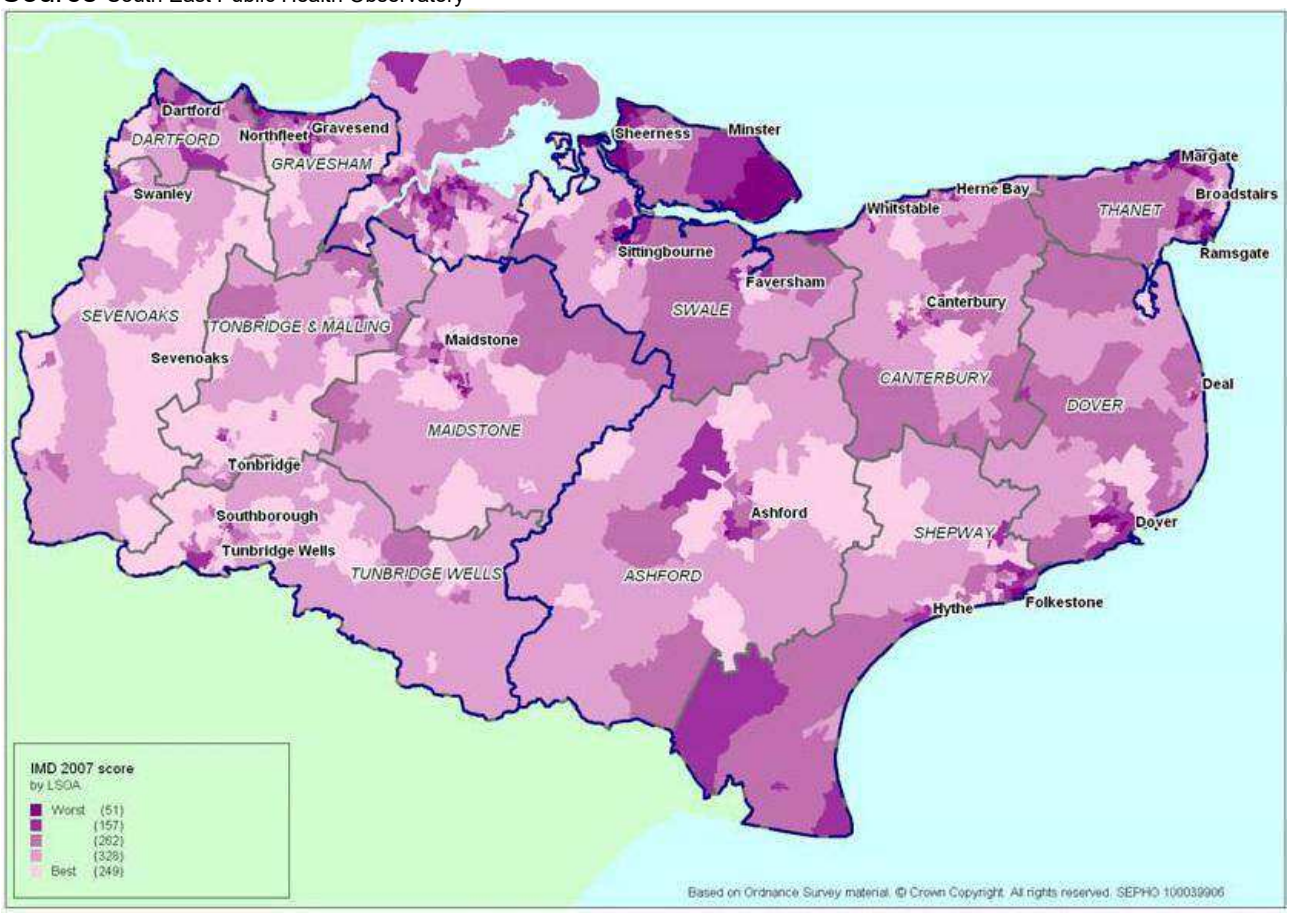
Youth Offending Team

Amicus Horizon

Appendix 3 Maps

Index of multiple deprivation score for 2007 by LSOA in Kent and Medway

Source South East Public Health Observatory



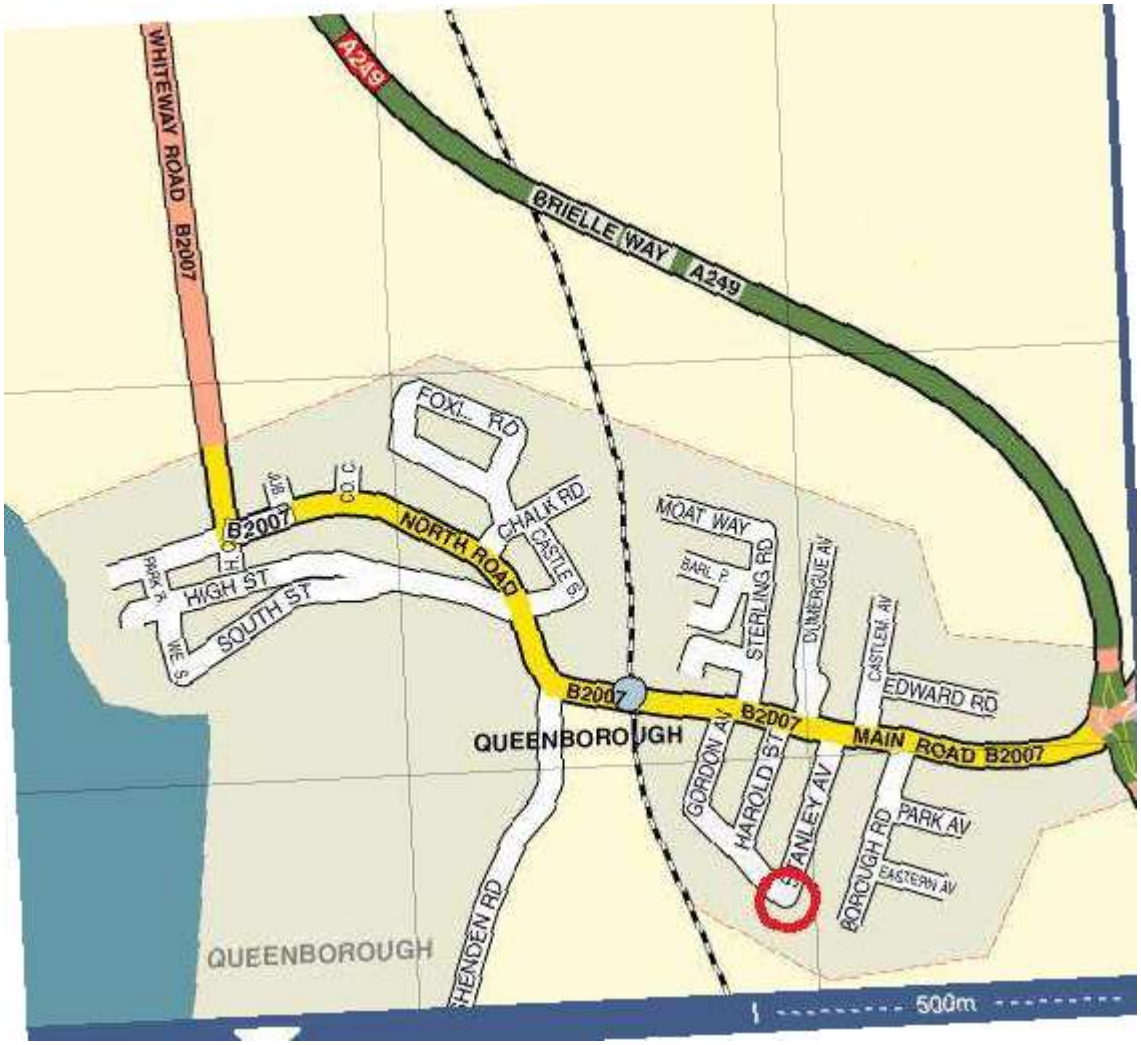
Area Maps

Sheerness

A249 BRIELLE WAY
A249 BRIELLE WAY A249
GRACE RD
KENT RD
THAMES
FLEET AV
ESTUARY RD
MEDWAY ROAD
CECIL A
VICTORIA ST
FIRST AV
SECOND AV
SOUTH VIEW GAR
NEW RD
DORSET RD
GEORGES
HAWTHORN AV
CROMWELL RD
QUEENS WAY
ENBRIDGE DRIVE

ISLE OF SHEPPEY
BEACH ST
DELAM. RD
BROADWAY
MARINE PARADE
MARINE PARADE
SEAGER ROAD
BECKLEY RD
ALMA STREET
JAMES ST
CLYDE ST
WELLESLEY RD
RICHMOND ST
JEFFERSON RD
ALEXANDRA RD
INVICTA ROAD
WINSTANLEY ROAD
GALWAY RD
ACORN ST
HIGH STREET
PARK RD
ST HELENS RD
VICTORIA ST
MAPLE ST
WOOD ST
HIGH ST
A250
GRANVILLE RD
MEYRICK RD
ALMA RD
Marine Town
500m

Queenborough



Rushenden

QUEENBOROUGH
Rushenden
RUSHENDEN RD
CULLET DRIVE
SECOND AV
SWALE AV
FERRY VIEW
MANOR ROAD
Thomas Seth Business Park
500m

Halfway

POWER STATION ROAD
ST KATHER R
FILER RD
DANLEY R
A250
BUDD
SCOT. C.
DRI
W. R. D.
MINSTER
ON
SEA
LYNSTED R
BE. R.
A250
WEST AV
EAS A
HILDA RD
B2008
B2008
PL. D.
CONF RD
QUEENBOROUGH ROAD
A250 QUEENBOROUGH ROAD
A250
FIE C.
R A
HOLMSIDE AV
ADELAIDE GDNS
LA C.
SEL R.
SOUTHDOWN RD
RALEIGH WAY
ADMIRALS WALK
CRZE HILL CRES
ASHLEY CL
ASH CL
R A
ROS A
ISLE OF SHEPPEY
THE RIS
WAY
BARTLETTS CL
BELGRAVE RD
UPLANDS
500m

Minster

B2008
B2008 MINSTER ROAD
SILVERDALE AV
SUNNYSIDE AV
SAXON AVENUE
MINSTER ROAD
B2008 MINSTER ROAD
B2008
NEW ROAD
PRINCE CHARLES AVENUE
SCOCLES ROAD
DARLINGTON DRIVE
SANSPAREIL AV
PARSONAGE CHASE
BARTON HILL DRIVE
SUMMERVILL. A.
PARISH RD
PARISH R.
FLEET CL.
FLEE CL.
BLATCHER CL
HARPS AVENUE
LAPW. C.
HERON DRIVE
ELM LANE
HOLYROOD DRIVE
PLOVER RD
THISTLE HILL WAY
THISTLE HILL WAY
SCOCLES ROAD
BARTON HILL DRIVE
THISTLE HILL WAY
LOWER ROAD B2231
B2231
LOWER ROAD B2231
B2231
B2231
B2231
500m
500m

QUEENS ROAD
STANLEY AV
BALDWIN ROAD
OAK LANE
CLIFF GDNS
B2008
B2008
B2008
CHEQUERS ROAD
WINDMILL RISE
OAK AV
DANEDALE AV
ELM LANE
MINSTER
SEA
NELSON AVENUE
DRAKE AVENUE
ELM LANE
ELM LANE
500m

Eastchurch

PLOUGH RD
FIRST AV
WARDEN RD
WARDEN RD
WARDEN RD
B2231
RD
HIGH STREET
HIGH ST
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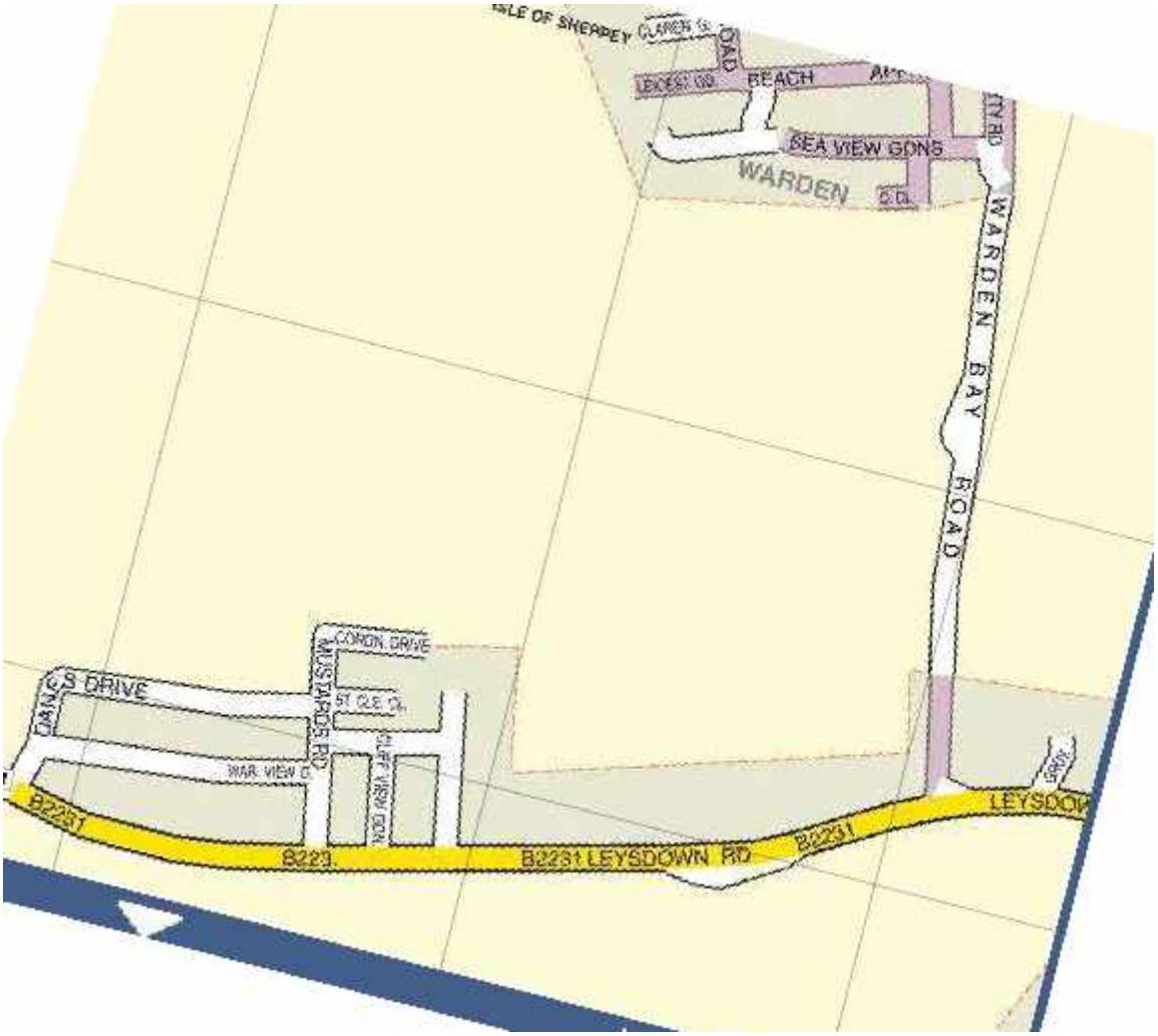
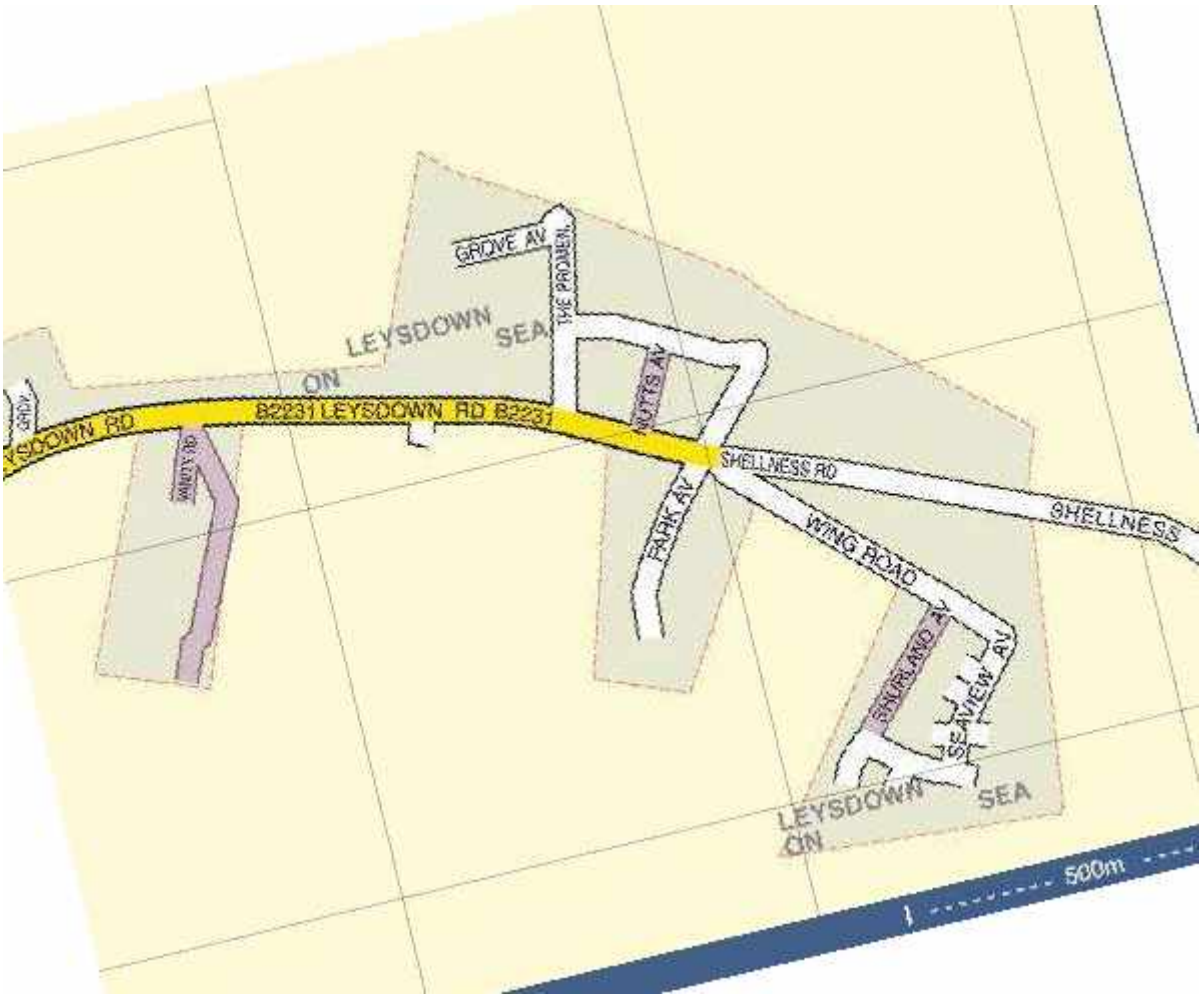
B2231
RCH RD
500m

Warden


BEACH
SEA VIEW GDNS
WARDEN
WARDEN BAY ROAD
CORON. DRIVE
MUSTARDS RD
B2231
B2231 LEYSDOWN RD
B2231
LEYSDOWN

WAY
WARDEN RD
THORN HILL RD
CLIFF
DRIVE
THORN
SEA
APPROACH
ST. J. C.
IMPERIAL
DRIVE
JETTY
KNOLL
WAY
WATER VIEW
EMPRESS G.
HILL
WINDSOR G.
EMERALD VIEW
RD
CLAREN G.
ROAD
ISLE OF SHEPPEY
BEACH
APPROACH
JETTY RD
LEICEST. GD.
SEA VIEW GDNS
WARDEN
O.CL.
500m

Leysdown


GROVE AV
THE PROMEN.
LEYSDOWN
SEA
ON
B2231 LEYSDOWN RD B2231
SHELLNESS RD
SHELLNESS
WING ROAD
PARK AV
SEAVIEW AV
LEYSDOWN
SEA
ON
500m

Appendix 4: Young peoples focus groups template: Section one – Alcohol use

Prompts

Do you drink?
How to you get your alcohol?
Where do you get it from?
Once you have got your drink where do you drink it?
Who do you drink with?
Why do you drink the way you do?
Have you encountered any difficulties because of your drinking?
Have you had to deal with other people who have been drinking?
Have you been involved with the police, doctors etc because of your drinking?
Do you enjoy drinking?
Do you want to stop drinking? Why?

Section two – Drug use

Prompts
Have you ever used drugs?
What drugs have you used?
Where do you use them?
How do you use them?
Do you take drugs alone or in groups?
What problems have you encountered while taking/under the influence of drugs
Why do you take drugs?

Section three – Prevention

Prompts

- What would you like to see on the island to reduce drug and alcohol use for young people?
- How do you feel about drug and alcohol education?
- What entertainment alternatives that are alcohol free?

Section four – Concerns

Prompts

- Do you think there are any more drug/alcohol issues on the island than in other places?
- Does the fact its illegal concern you in anyway? Personally or for people you may know?
- Do you feel concerned about your personal safety when out alone?
- Do you know what to do if someone became ill when using drugs or alcohol?

Appendix 5

INTERVIEW TEMPLATE – CORE QUESTIONS
SECTION 1: UNDERAGE DRINKING

Are you aware of alcohol being a problem on the Island?

Why do you say that/what evidence or examples can you give?

What kind of drinking is problematic i.e. young people on street corners, binge drinking. When does it happen? What time?

Does the Islands culture contribute towards underage drinking?

Is this a recent problem or has it always been one? Has it got worse recently? If so, why?

Where do you think people under the age of 18 in this community get alcohol?

Where do you think people under the age of 18 in this community drink alcohol?

SECTION 2: DRUG USE

Based on your view of the community is young people's drug use a problem?

Does the Islands culture contribute towards drug use?

Where do you think people under the age of 18 in this community get drugs?

Where do you think people under the age of 18 in this community take drugs?

POSSIBLE PEOPLE TO INTERVIEW AND TAILORED QUESTIONS

- **Police**
  - How do you record incidents concerning drug/alcohol use?
- **Academy Head/s**
  - Do you have to handle many incidents of drug/alcohol use or complaints from the public in your roles?
  - Are you aware what kind of services, support and information are available within the community for those with concerns about drink/drugs?
  - What type of facilities/interventions could be introduced to lessen alcohol/drug use in young people?
- **Truant Officer/s**
  1. In your experience are those who truant more at risk to misuse drugs/alcohol?
  2. What type of facilities/interventions could be introduced to lessen alcohol/drug use in young people?
- **PCT**
  - How do you record the number of patients accessing NHS treatment for drug/alcohol use?
- **Street Wardens**
  - In your experience what are the most troubled areas when it comes to young people drinking/taking drugs
- **Youth worker**

    - Are you often confronted with issues of drug/alcohol use by the young people who access your services?
    - Are you aware what kind of services, support and information are available within the community for those with concerns about drink/drugs?
    - What type of facilities/interventions could be introduced to lessen alcohol/drug use in young people?
- **Swale Community Safety Partnership**
    - How often do the public approach yourselves with concerns over young people drinking and/or taking drugs?

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